# Medication Consent Form Beckfoot Trust Logo (cropped)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** | | | **Surname:** | **D.O.B:** | |
|  | | | **School:** | **Year Group:** | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*person with parental responsibility*) give permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*child’s name*) to receive the  following medication whilst on residential trip. | | | | | |
| **Name of medicine** | **Dose to be given** | **Route to be given (e.g., orally, topically, via gastrostomy, etc.)** | | | **Time to be given** |
|  |  |  | | |  |
| **This medicine will be given as prescribed by an appropriately trained member of staff while your child is on the residential trip.** | | | | | |
| **Parent/Carer Signature** | | | **Date:** | | |