

Travel Sickness Medication

Should your child require travel sickness medication please complete the details below. This form along with the medication should be handed to either the class teacher or school office on the morning of the class visit. Please ensure the medication is clearly labelled with your child's name.

For class visits which involve a morning journey, please ensure that medication is taken at home prior to your child arriving at school.

Details of Pupil

Surname.....Forename.....

Year group.....

Venue and date of visit.....

Name of Medication.....

Dosage and Timing (e.g. 2 tablets one hour prior to travelling).....

I confirm that my child has taken this medication before and has not suffered any adverse side effects.

Parent

Name.....Signature.....Date.....

Contact Number/s.....

To be completed by Staff Member

Time medication given.....

Dosage.....

Signed.....

Date.....

Please file in Accident Book – Administration of Medicine section after completion.