



Administration of Medication on Visits Consent Form



Medication on School Visits, Residential and Exchanges – Medical Support Officer’s agreement must be sought, and parents must complete this permission form prior to travel. Information will be shared with the host family and/or Party Leader. Medication, prescribed and non-prescribed, must be brought in its original packaging in a clear plastic bag, accompanied by the permission form. All Medication must be handed to the Party Leader before travel.

For students who manage their own medical needs, their Individual Health Care Plan constitutes written permission and will be made available by the school to Host Families and/or Party Leaders.

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|---------------------|--------------------|--|
| Students Full Name: | Registration Group | |
| | Date of Birth | |

Address as registered with GP:

Condition/Illness:

Name/Type of Medication:

For how long will your child be required to take medication?

Date Treatment Started:

| | |
|---------|-----------------------------|
| Dosage: | Timing/Frequency of Dosage: |
|---------|-----------------------------|

Additional Instructions / Information (e.g.: before/after food, interaction with other medicines, possible side effects, storage instructions):

I authorise the school to administer this medication.

Signed (Parent/Guardian):

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|-------|--------------------------|
| Name: | Relationship to Student: |
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