

Medical Agreement –Educational Visits

Should your child require medication during a visit, St Leonard’s staff will provide the following:

- Have a nominated member of staff who will be responsible for the safe administration and storage of all medication. (Unless it is agreed that your child is to carry it)
- Ensure that your child is given his/her medication at the correct time and in the correct quantity.
- The nominated person or group leader will contact you to discuss the request. **PLEASE DO NOT** send the medication into school with the pupil. (Unless it is agreed that your child is to carry it)

This is in accordance with Dfes and government guidelines.

Parents must:

- Sign the consent form below giving the school authorisation to administer prescribed medication to your child.
- Medication can only be accepted if it is in the sealed pharmacy labelled packaging also labelled with your child’s name.

Visit to: _____ Visit date: _____

Student: _____ Date of birth: _____

Address: _____

Emergency contact no: _____

Name of medication: _____

Time to be taken: _____ Quantity: _____

Any other important information: _____

My child will carry their own medication **Y/N**

I will provide the nominated person with spare medication **Y/N**

I would like the nominated person to carry my child’s medication **Y/N**

Parent/Carer signature _____ Date _____

Group Leader signature _____ Date _____

Nominated person signature _____ Date _____