

Medication Log

I authorise for my child to have the stated medication administered whilst on School Journey 5th - 9th June 2023.

Child's Name:

Signed:.....

Medication: Please provide all medication in its original packaging and clear instructions below as to the required dosage, timing and circumstances, e.g. one tablet promethazine teoclate every morning;
5ml calpol every four hours in case of headache, sore throat or other minor ache/pain.

[illegible]