Medication Log

I give authorisation for my child to have the stated medication administered whilst participating on a residential trip, led by Sussex Road Primary School.

Child's Name: ..... Signed:..... Date:.....

Medication: **Please provide all medication in its original packaging and clear instructions in the box below as to the required dosage, timing and any other circumstances**

Date	Time	Dose	Signed
For staff to complete during the residential.	*For staff to complete during the residential*	*For staff to complete during the residential*	*For staff to complete during the residential*