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 below as to the required dosage, timing and circumstances,** e.g. 1 tablet Promethazine Teoclate every morning; 5ml Calpol every four hours in case of headache, sore throat or other minor ache/pain.

Date	Time	Dose	Signed