Residential Trip Medication Form

To be filled in by parents:

Name of child		Date of birth:	
Medication		Prescribed Medication	Y / N
Dose			
Frequency			
Signature of parent		Date:	

Log to be filled in by the teacher:

	7am Breakfast • Before food • With food • After food	Travel medication How long before travelling?	11am	1pm Lunchtime • Before food • With food • After food	Travel medication How long before travelling?	3pm	5pm Dinner time • Before food • With food • After food	7pm	9pm Bedtime How long before bed time?
Monday	○	○	○	○	○	○	○	○	○
Tuesday	○	○	○	○	○	○	○	○	○
Wednesday	○	○	○	○	○	○	○	○	○
Thursday	○	○	○	○	○	○	○	○	○
Friday	○	○	○	○	○	○	○	○	○
Notes	Teachers: • Please highlight in the boxes when medication needs to be given. • Please make sure every does of medication is witnessed and both initial in the box. • Please cross through the circle to show medication has been administered.								
Notes	Parents (if applicable):								