

St GILBERT of SEMPRINGHAM CHURCH of ENGLAND PRIMARY SCHOOL and NURSERY

West Road, Pointon, Sleaford, Lincolnshire NG34 0NA



Interim Executive Headteacher: Mrs Sophie Foston
School Bursar: Mrs Sarah Bach

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AYLMERTON RESIDENTIAL TRIP

Medication administration consent form

If your child takes regular medication that will need administering over the weekend of the residential trip, please complete the following form. All medication must be prescribed and will need handing to a member of staff on the morning of the trip. If your child has an inhaler in school, staff will ensure this is packed and taken to Aylmerton.

Name: **Date of Birth:**

Name of Medication:

Expiry Date:

Dosage:

When to be given:

Any other instructions:

Parent/Carer name:

Parent/Carer Telephone number:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately if there are any change in dosage or frequency or if the medicine is stopped.

I agree

Signed:

Date:

