

Cardinal Newman Catholic Primary School

Arch Road, Hersham, Surrey KT12 4QT Telephone: (01932) 222536 Headteacher: Mrs C Burnham



PUPIL MEDICATION REQUEST – France 2023

Please complete and return by 23rd June

Child's Name	
Class:	
Parent's phone No:	Work:

G.P. _____

Please tick the box below;

I agree for my child to be given basic medication, such as Calpol, Piriton, sting relief cream or plasters, if staff consider necessary.

If your child will require medication during the trip, including travel sickness tablets, please complete the table below and tick that you are happy for staff to administer it. Please use the reverse if more space is required. Note: All medication must be in the original labelled bottle or sealed packaging.

Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine		
I agree to members of staff administering medicine / treatment to my child as directed below.						
Special Instructions						
Allergies						

Name

Name ______ Date ______

(Parent/guardian)

Sign_

(Parent/guardian)