

MEDICAL FORM 3: Medical Form for Residential Visits and Out of School Activities (Hayle Academy)



Name of Trip		Date of trip
Student Name	Date of Birth	Tutor Group & Year

If your child has no medical conditions / disabilities (including, allergies) or any special dietary needs, there is no need to complete and return this form.

<p>Please give any details of any medical conditions / disabilities (including, allergies)</p> <p>Would you consider your child's condition to be life threatening? YES / NO</p>
<p>Please give details of any special dietary needs:</p>

A. Medical conditions where you need school staff to administer medication

Please include all medications which you need school to hold and administer including prescription medicines and non-prescription medication such as paracetamol or ibuprofen.

Medical Condition	Administering	Instructions
Name of medication	<p>How to administer / self-administer with supervision:</p> <p>Side effects school needs to be aware of:</p>	<p>Dose:</p> <p>Frequency:</p> <p>Start date:</p>
Name of medication	<p>How to administer / self-administer with supervision:</p> <p>Side effects school needs to be aware of:</p>	<p>Dose:</p> <p>Frequency:</p> <p>Start date:</p>

➤ I understand the school and staff do not take responsibility for administering this medication.

- Any prescribed medication must come in its original container/packaging and be clearly labelled with the student's name, dosage/frequency of administration, date of dispensing, cautionary advice and expiry date (this is standard practice from all pharmacies.)
- The school does not agree to look after single strips of any medication; even pain relief must be supplied in its original packaging.
- I agree that staff will only oversee medication being taken and make a record of each dose taken during the trip.
- I consent to staff giving the stated treatment in the event of an emergency as they consider necessary and/or administering the routine medication as detailed on the medicines authorisation form.
- I understand this is a service which the school is not obliged to undertake.
- I understand that I am responsible for ensuring the appropriate medication is available to the school and that my child is responsible for accepting the medication. In the event my child refuses to take the medication then I may be required to collect my child or administer the medication myself.
- I understand that no medication should be held on the trip by a child unless this is part of their health care plan (see section B). School must be made aware of these and health care plans provided. Pain relief medication is part of our banned substances within school and on trips.

Please acknowledge that you have read and agreed with the above and have also read and understood the School's 'Managing Medical Conditions' policy as well the school's Health and Safety policy by signing below.

I give permission for medication to be administered to my child and agree to the terms stated above:

Signed by parent / guardian:

Print Name:

Date:

B. Medical conditions where your child with self-administer their medication (asthma inhaler, EpiPen, insulin or medicated creams)

Medical Condition	Administering	Instructions
Name of medication	How to administer / self-administer with supervision: Side effects school needs to be aware of:	Dose: Frequency: Expiry date of medicine:
Name of medication	How to administer / self-administer with supervision: Side effects school needs to be aware of:	Dose: Frequency: Expiry date of medicine:

- I agree that my child is suitably trained and competent to safely carry and administer their own asthma, EpiPen, insulin or medicated cream medication.

- I acknowledge that guidance and training has been given for my child to safely carry and self-administer the medications named in the table above and that it is my responsibility to ensure this is repeated regularly.
- I acknowledge that it is my responsibility to note my child's medication expiry date and replenish their medication when necessary as well as to collect and dispose of any expired medications.
- I acknowledge that it is my responsibility to provide an up-to-date care plan for school.
- I understand the school and staff do not take responsibility for administering this medication.
- Any prescribed medication must come in its original container/packaging and be clearly labelled with the student's name, dosage/frequency of administration, date of dispensing, cautionary advice and expiry date (this is standard practice from all pharmacies.)
- I confirm that my child will safely hold this medication and will use this appropriately and safely. I understand that if the child refuses to take the medication then I will be contacted and may be required to administer the medication or collect my child from the trip.
- I consent to staff giving the stated treatment in the event of an emergency as they consider necessary and/or administering the routine medication as detailed on the medicines authorisation form if my child is unable to administer this themselves.
- I understand that I am responsible for ensuring the appropriate medication is available to my child.

Please acknowledge that you have read and agreed with the above and have also read and understood the School's 'Managing Medical Conditions' policy as well the school's Health and Safety policy by signing below.

I give permission for my child to carry and if needed administer their own asthma, EpiPen, insulin or medicated cream medication.

Signed by parent / guardian:

Print Name:

Date:

Upon completion, please e-mail this form to medicalform@hayle.tpacademytrust.org or hand into the main reception desk.

School use only

Medication storage set up	Notes	Actioned by	Date
Who is responsible for holding and administering medication on the trip?			
Who is the second responsible person for holding and administering medication on the trip?			
Where and how is the medicine stored?*			
Has this information been shared with all relevant staff on the trip?			
Is a risk assessment required?			
Review date			