Out of School Medication, Medical Treatment and Medication Recording Form EE2B

Dear Parent/Carer,

You have indicated on your child's EE2 form that he/she will need to take medication or receive medical treatment while on the school excursion to _____ on _____ (Please see over for medical treatment)

Please complete the medication table below giving the name of each medication as it is written on the pharmacy label. If you want your child to be responsible for taking and carrying their own medication (Secondary school pupils only) please sign the box as indicated for each medicine. Please make sure the medicine that is given to the school is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full. Any liquids must be given in an unopened bottle.

Pupil's name _____ Date of Birth _____

	Name of Medication (if a different dose is given at another time please complete a separate box for each dose)	**Dose**	**Time(s) to be given**	**Quantity supplied to school or sign box if child is to be responsible for taking that medication**
1				
2				
3				
4				
5				
6				

I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs.

Name of Parent/Carer _____

Signature of Parent/Carer _____ Date _____

RECORDING FORM FOR STAFF USE ONLY:

Date and Time											
Signature/Initials of member of staff administering	1										
	2										
	3										
	4										
	5										
	6										

Medication recording form continuation sheet

Pupil's name _____ Date of Birth _____

Date and Time											
Signature/Initials of member of staff administering	1										
	2										
	3										
	4										
	5										
	6										

Medication recording form continuation sheet

Pupil's name _____ Date of Birth _____

Date and Time											
Signature/Initials of member of staff administering	1										
	2										
	3										
	4										
	5										
	6										

APPENDIX 5 (c)
EE2B FORM

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Please give details of your child's medical condition and the treatment that they will require in the space below.

Details of Medical Condition	Details of Medical Treatment

I accept responsibility for ensuring that the details I have supplied are correct and that any product that has been supplied has not expired and that there will be enough supplied to the school for my child's needs.

Name of Parent/Carer _____

Signature of Parent/Carer _____ Date _____