Southway Junior School Southway Burgess Hill West Sussex RH15 9SU

Headteacher: Mr P Newbold



Tel. 01444 233824 email: parentline@southwayjunior.co.uk website: www.southwayjunior.co.uk

Parental agreement for school to administer travel sickness medication

The school will not give your child travel sickness medication unless you complete and sign this form. Please provide a full box of medication to the school office, this will ensure that we have it available for all school trips that your child attends during this academic year.

Name of school	Southway Junior School	Doto:					
	Southway Junior School	Date:					
Child's Name			Class:				
Date of Birth							
Medical Condition	Travel Sickness						
Name and strength of medicine							
Expiry date		Keep refrigerated? Yes / No					
How much to give (i.e. dose to be given)							
When to be given (time)		Self Administration? Yes / No					
Special precautions / other instructions / side effects that school needs to be aware of							
Has the medication been given before?							
Have there been any previous side effects that we need to be aware of?							
Number of tablets / quantity provided							
Note: Medicines must be in the original container and should be handed in to the school office. All medication should be clearly labelled with the child's name and class. Travel sickness pills must be in the original packaging (with the manufacturer's instructions), be suitable for the pupil's age and have been administered to the child in the past without adverse effect.							
Phone number of emergency contact							
Name / relationship to child							
Name and phone number of GP							
Agreed review date	(initiated by Welfare Officer)						
My child will be wearing travel bands for all school trips and therefore does not require travel sickness medication							
My child no longer suffers with travel sickness and therefore does not require travel sickness medication							

PTO

















- o I accept that this is a service that the school is not obliged to undertake.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I give permission for the school to administer their own travel sickness medication (Kwells Kids) should a situation warrant it, i.e. tablets become out of date or travel bands have not been sufficient

Signature (parent/carer)	
Print name	
Date	

Office use only:

DATE	TIME	DOSE GIVEN	SIGNATURE