**TRIP / RESIDENTIAL MEDICATION FORMS**

# STUDENT DETAILS

|  |  |
| --- | --- |
| **Student’s name** |  |
| **Date of birth** |  |
| **Name and date of trip.** |  |
| **Medical condition(s)**Give a brief description of the medical condition. |  |

# EMERGENCY SITUATIONS (IF APPLICABLE)

An emergency situation occurs whenever the student needs urgent treatment to deal with their condition

|  |  |
| --- | --- |
| **SYMPTOMS** |  |
| **TRIGGERS** |  |
| **ACTIONS** |  |

# ESSENTIAL INFORMATION CONCERNING STUDENT HEALTH NEEDS

The following medical condition(s) require the following treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical condition** | **Drug** | **Dose** | **When / frequency** | **How Given.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# PHYSICAL ACTIVITY

|  |  |
| --- | --- |
| **Are there any physical restrictions caused by the medical condition(s)?** |  |
| **Is any extra care needed for physical activity?** |  |
| **Actions before exercise** |  |
| **Actions during exercise** |  |
| **Actions after exercise** |  |

**By completion of this form you agree that your child can have their medication administered by a member of staff in an emergency.**