



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	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>i.e. dose to be given</i>)			
When to be given (<i>time</i>)		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	
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My child no longer suffers with travel sickness and therefore does not require travel sickness medication	
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PTO

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