



Y8 Residential Friday 30 June – Sunday 2 July 2017

MEDICAL INFORMATION

Student name:

Please clearly detail medical information/condition

Medication needed

**Please clearly state when medication must be taken e.g
Morning, Lunch, Night and dosage**

I give permission for a member of staff to administer pain relief to my child if necessary (e.g paracetamol)

I will inform Mrs Wing/Mrs Reid of any changes to medication or dosage

Signed:

Name:

Relationship to student:

Date: