Request for Storage and Administration of Medicine whilst on a School Visit  
(Form SAM)

TRIP:

Prescribed medicine should be in a container clearly labelled (by pharmacist) with name of pupil, name of medicine and instructions for use. Non prescribed medicine should be in the original container with manufacturer’s guidelines/instructions.

In order for your child to be supervised during the administration of the medicine on the School visit, parents/guardians are requested to complete the following details. If there are any changes to this medicine or the dosage you must notify school immediately.

Pupil’s Name ...............................................

Date of Birth .............................................

Condition or Illness/Allergy .................................................................

Medication

Name/type of medication )as described on the container) ...............................

For how long will your son/daughter need to take this? ..............................

Full directions for use:

Dosage and method .................................................................

Times to be given .................................................................
Parent/Guardian Contact Information

Name ………………………
Relationship to pupil …………………
Tel No…………………….

I understand that I must deliver this medicine to the Group Leader of the visit, and I accept that this is a service which the School is not obliged to undertake.

Signed …………………………………………
Parent/Guardian.
Date ……………………………