



STOKENCHURCH PRIMARY SCHOOL & NURSERY



AIMING HIGH ... FLYING HIGHER

Everything we do makes a difference to our children; empowering minds and shaping futures.

01494 482112 office@stokenchurchprimary.bucks.sch.uk @stokenchurchps George Road, HP14 3RN

MEDICAL CONSENT FOR A SCHOOL VISIT

Visit to Willen Lake - 11th June 2026 and 12th June 2026

School/Group: STOKENCHURCH PRIMARY SCHOOL

Pupil's name: Date of birth

I agree for the school to administer the below medicines if my child requires them while they are on the Year 5 Willen Lake trip:

Name of medicine	Please state dosage that can be administered	Sign
Calpol		
Antihistamine medication		
Anthisan cream		

Travel sickness medication

Does your child need to take travel sickness medication? YES / NO

If YES, please provide details below:

Name of medicine	
Date dispensed	
Expiry date	
When to be given	
Dosage	
Any other instructions	

Note: Medicine must be in the original container as dispensed by the pharmacy

Other information

Does your child have any conditions requiring medical treatment and / or medication? YES / NO

If YES, please give brief details:

.....
.....

Is your child allergic to any medication?

YES / NO

If YES, please specify

.....
.....

READY RESPECTFUL SAFE RESILIENT CURIOUS CONFIDENT INDEPENDENT SUCCESSFUL

Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Group Leader / Head Teacher as soon as possible of any changes in the medical or other Circumstances between now and the commencement of the journey.

Signed : **Date** :

Full name (capitals)

Relationship to child:

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Mobile : Home:

Home address :

.....

If I am not available at above, please contact:

Name: Tel No:

Relationship to child:

Address:

.....

Name and address of family doctor:

Name: Tel No:

Address:

.....

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.