

## LOCH INSH TRIP MEDICAL INFORMATION

Pupil's Name:

Date of Birth:

Child's doctor and contact number:

**A**

Name of medication (including travel medication)

**B**

Dosage and timing:

I/we give permission for the above medication to be given to my child during the week.

I/we give my/our permission for a nurse, doctor or surgeon to attend my child in any urgent situation.

Signed: \_\_\_\_\_ date: \_\_\_\_\_