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Wednesday 20<sup>th</sup> May 2026

## Medication for Year 6 Weardale Residential

Dear Parent/Carer,

If your child requires medication while on residential, please complete a Medication Consent Form (see attached). These can also be found on our website <https://www.greenside-sch.org/health/> or collected from the school office. If you would like us to send a copy home with your child please email [admin.info@greenside-sch.org](mailto:admin.info@greenside-sch.org).

### Please complete one form per medication.

All medication must be in date and in its original packaging.

If medication is bought over-the-counter (e.g. Paracetamol, antihistamines), please ensure it is clearly labelled with your child's name. If medication is prescribed by the doctor, please ensure it is clearly labelled with the pharmacy label, which includes your child's name and dose of medication.

Please can all forms be completed and returned to the school office (either via email or paper copy) **by Friday 5th June 2026**.

Ideally, medication needs to be sent with the consent form or, if it is needed at home, please sign it in at the office on the morning the children depart for Weardale.

If you have any queries, please do not hesitate to contact the school office.

Yours faithfully,

Mrs Knowles  
Office Administrator/Medication Lead





### Medication Consent Form

Medication should only be administered during school hours when it is necessary and the medication cannot be given before/after school.

<b>Pupil's Full Name:</b>
<b>Date of Birth:</b>

<b>Name and strength of medication:</b>	
<b>Dose/Quantity (e.g. 5ml):</b>	
<b>Frequency (e.g. four times a day):</b>	
<b>Route (e.g. mouth):</b>	
<b>Reason for medication:</b>	
<b>Start date of medication:</b>	<b>End date of medication:</b>
<b>Time to be taken in school:</b>	

<b>I consent for a member of staff to administer my child's medication</b> Yes <input type="radio"/> No <input type="radio"/>
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<input type="radio"/> I will drop my child's medication at the school office each day <b>OR</b> <input type="radio"/> I will provide medication to be stored and kept at school <b>(please tick one only)</b>
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<b>INHALER USE ONLY: My child has been prescribed a Salbutamol inhaler and I give permission for them to use the school Salbutamol inhaler, in an emergency, if their inhaler is unavailable or broken</b> Yes <input type="radio"/> No <input type="radio"/>
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<b>Name of parent/carer:</b>
<b>Relationship to child:</b>
<b>Emergency contact number:</b>
<b>Signed:</b>
<b>Date:</b>