



St Paul's Church of England Academy

A part of the Diocese of Chichester Academy Trust



TRAVEL SICKNESS TABLETS

TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE CHILD TO WHOM TRAVEL SICKNESS MEDICATION MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF

Please complete in BLOCK LETTERS

Name of Child _____ Class _____ DOB _____

Please administer the following travel sickness medication for my child:

Name of drug/medicine	When to Administer (ie X minutes before travel)	How Much (ie 1 tablet, 5mls)
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Signed _____ Date _____

I undertake to supply the school with the drugs and medicines in the **original packaging** as supplied by the pharmacist and **clearly labelled with my child's name and class.**

I accept that the school will endeavour to administer the medicine as above and whilst my child is in the care of the school, the school staff stand in the position of the parent and that they may therefore need to arrange any medical aid considered necessary in an emergency and that I will be told of any such action as soon as possible.

PLEASE NOTE the school can only administer travel sickness pills on a school trip, children should not bring any other medication in to school.

For Office use: Class Teacher informed: Date: _____

Executive Headteacher: Richard White B Ed (Hons)

Heads of School: Maria Kiniari BA (Hons) PGCE and Tom Glenn BA (Hons) PGCE

Assistant Head: Peter Trimmings BA (Hons) GTP and Lorna Watson BA (Hons) PGCE, NPQH, NASENCo

SENCo: Valerie Langton BA (Hons) NASENCo Nursery Manager: Sophie March Designated Safeguarding Lead: Kim Morley BA

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