



Moor House School & College

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24 April 2024

Dear Parents and Carers,

Residential School Trip to Kench Hill

As you are aware your child is attending a residential school trip to Kench Hill, in May. Please find attached a medication list form which must be completed by ALL parents at the top section with your child's name and any condition. If your child **does not** take any medication please tick the relevant box. If your child is taking any medication please complete the remainder of this form and return it to school as soon as possible.

All medication must be sent into school in its original packaging, with the prescribing label clearly stating the instructions for administration of the medication inside a clear plastic sealable wallet. The instructions are to be followed as stated. The medication must be in date and can only be administered to the person to whom it is prescribed. If this guidance is not followed then we WILL NOT be able to administer your child's medication to them.

It would be helpful if the medication could be sent into school the week prior to the residential trip, I appreciate that this will not always be possible.

Yours sincerely

Susie Simpson
Health Care Manager



Patron: HRH The Duchess of Edinburgh GCVO



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION – KENCH HILL RESIDENTIAL TRIP

Please complete and sign this form and return to the school office to give permission for the school to give your child medication.

STUDENT DETAILS

Full Name of Child	
Condition or Illness (If applicable)	

IF YOUR CHILD DOES NOT TAKE ANY MEDICATION – PLEASE TICK THIS BOX:	<input type="checkbox"/>
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MEDICATION

Medication 1	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	
Medication 2	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	
Medication 3	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	
Medication 4	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	

Parent/Guardian

Signature

PRINT NAME

Date

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