Hampshire County Council
Outdoor Centres

First Aid and Administration of Medicine

APPENDIX 1

Centre ……

Date ……

Group Title / Course ……

Dear Parent/Guardian,

RECORD OF MEDICAL TREATMENT

Your child .....on (Date) .....
complained of
.....
.....
.....
He/she was given (treatment).....
and/or was taken to (hospital/doctor).....
and or (drug and amount given) ……..

at.....(time)....by.....(teacher /pastoral staff)

Yours faithfully,

Admin:
Copy to be given to parent/Group on departure
Copy to be scanned and saved with consent form and saved as per Incident forms