



**UCKFIELD COMMUNITY TECHNOLOGY COLLEGE**

Downsview Crescent	Reception	01825 764844
Uckfield	Adult Learning	01825 761820
East Sussex	Youth Centre	01825 764164
TN22 3DJ	Facsimile	01825 744950
	Website	www.uctc.e-sussex.sch.uk
	Email	office@uctc.e-sussex.sch.uk

**Principal:** Hugh Hennebry BSc NPQH  
**Deputy Principals:** Geoff Evans, Helena Read, Andrew Wright

**Parental Consent Form  
 For Students to Carry Their Own Medication**

This form must be completed by parents/carer.

Please ensure that your child carries only the amount required for one day at a time and that they are aware they must not share their medication with others.

Name of Child..... Tutor Group.....

Address.....

..... Post Code .....

Name of Medicine.....

Dose.....

Medical Diagnosis or Condition (i.e. hay fever, toothache).....

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Procedures To Be Taken In The Event Of An Emergency.....

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I would like (name of child).....

to keep the above medication on him/her for use as necessary.

Signed..... Dated.....

Name..... Relationship to Child.....

Emergency Contact Number.....

Please complete a separate form for each medicine.

