

•Uckfield Community Technology College

• Permission to Administer Medication

•Complete one form for each medicine. Please note this form can be used for prescribed and non-prescribed medicines as long as it has been recommended by a health care professional. This form gives permission for administration for one year.

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| Child's name: | Date of birth: |
| Name of medication: | |
| Strength: | Form:(i.e. liquid /tablet) |
| Directions: | |
| Minimum time gap between doses: | Max dose in 24 hours: |
| For regular medication: What time is a dose due at college? | |
| If a dose is forgotten, how late can it be given? | |
| For "as and when required" or emergency medication. For example inhalers or epi-pens. (Please complete even if it is the same as the regular medication.) Under what circumstances should a dose be given (i.e. what is it for?) | |
| Please confirm that any non-prescribed medicine has been administered without adverse effect to the child in the past: YES/NO | |
| Are there any side effects which the college should be aware of? | |
| Are there any special instructions with this medication (i.e. should it be taken with or after food?) | |
| Quantity received | Date and quantity returned to parent/carer |
| Expiry Date | |
| I give consent for this medicine to be administered to my child as detailed above: Please print name: | Parent /Carer signature |

