



FOUNDATION

Permission to administer medication form

Brighton & Hove Albion Foundation (the Foundation) will not give your child medicine unless you complete and sign this form. Please see full information on our website under Medication Guidance.

This form needs to be completed for each medication and for each new session / soccer school.

Participant details	
Full name	
Date of birth	
Medical condition or illness	

Session details	
Location	
Date/s	

Medicine	
Medicine name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the Foundation needs to know about?	
Has there been any adverse reaction to this drug in the past?	
Can the child self-administer? (with supervision)	Yes No
Procedures to take in an emergency	

Please note: Medicines must be in the original container as dispensed by the pharmacy.



FOUNDATION

Permission to administer medication form

Parent/guardian details	
Name	
Daytime telephone no.	
Relationship to child	

I understand that I must deliver the medicine personally to the notified member of staff. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Brighton & Hove Albion Foundation administering medicine in accordance with the procedure.

I will inform Brighton & Hove Albion Foundation immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature/s: Date:

Print name:

Please note: If more than one medicine is to be given a separate form should be completed.

This form must be completed and returned a minimum of a week prior to the beginning of your session.

Please return to: info@bhafcfoundation.org.uk