



**Form B**

**Permission to Administer Medication**

Name of Person: (please print)	
Name of Parent/Carer/Guardian/Individual: (please print)	
I, the undersigned, understand that Staff employed by Link Family Scheme are not trained medical practitioners, but have been given basic training in medication administration. Therefore any involvement I may ask from them in assisting _____ with medication is with this understanding. <b>Signature of Parent/Carer/Guardian/Individual:</b> _____ <b>Date:</b> _____	
I give permission for staff to liaise with relevant health professionals and share information that will assist in the care of _____ <b>Signature of Parent/Carer/Guardian/Individual:</b> _____ <b>Date:</b> _____	
I agree that Staff that are nominated below may undertake any necessary action in any emergency to obtain professional help and/or an ambulance if deemed necessary. <b>Signature of Parent/Carer/Guardian/Individual:</b> _____ <b>Date:</b> _____	
I hereby give permission for any authorised Staff employed by link Family Scheme to administer medication to _____, in accordance with "Form C - List of Medication Authorised by Doctor". I also give permission to administer PRN medication at the discretion of Staff under the guidance of the attached "Form D – Authorised PRN Plan". <b>Signature of Parent/Carer/Guardian/Individual:</b> _____ <b>Date:</b> _____	

This form is part of a "Medication Kit" that has been designed by to assist in minimising the risks associated with the administration of medication when a person uses more than one service. Staff supporting the Person are to maintain Forms E, F, G, & H and are to ensure that **all** Forms remain with the Person in the Kit supplied where they move from one Agency to another. Link Staff must photocopy and file a copy of each of the Forms before the Person moves from their care as a record of the medication administered.