

Name of Young Adult.....

Vision25 staff hold a level 3 'Administering Medication Certificate' which enables us to administer prescribed and non-prescribed medication which is provided by you, provided you have completed and signed the consent form below for each medication.

NON PRESCRIBED MEDICATION ADMINISTRATION

Name of Meds	Uses	Permission	Signed & Dated
Paracetamol	For headache, toothache, period or general pain	I give permission for Vision25 to administer Paracetamol	
Antiseptic Cream and/or sticking plasters	For minor cuts or grazes	I give permission for Vision25 to administer antiseptic cream or administer sticking plasters	
Anthisan Cream	For insect bites or stings	I give permission for Vision25 to administer Anthisan cream	
Ibuprofen	For joint or muscle pain	I give permission for Vision25 to administer Ibuprofen	
Sun Cream	For protection when outside for longer than 30 minutes	I give permission for Vision25 to administer sun cream	

PRESCRIBED MEDICATION ADMINISTRATION

Name of young adult:-

Name of Medication	Uses	Date Vision25 to give meds	Signed & Dated

*** This will need filling out on every occasion you wish Vision25 to administer medication prescribed by your doctor to your young adult. It must have original label on**

If you require more copies of this please ask