NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Annual Medication Record Consent Form

Pupil's Name: ..... D.O.B: .....

Does your child have any allergies? Please List

Important – please complete giving full details of your child's medications including names, dosages and times to be administered during school and also those that are administered at home.

Name of medication	Dosage	Time	Special Instructions

If during this term your child's medication or dose is changed by a prescribing health professional, please inform us in writing immediately.

Below is a list of non – prescribed items which the school may use with your consent (see below)

- **Plasters and non-adhesive dressings.**
- **Paracetamol for the treatment of pain or raised temperature only.**

(Please delete any of the above non – prescribed items I do not wish my child to receive).

Important

- All medicines should be in their original container, clearly labelled with your child's name.
- If you give any extra medication e.g. Paracetamol before leaving for school could you please inform the school.

I .....give permission for any member of staff who agrees to act in loco parentis to administer medicine prescribed by my doctor for:

- The above named pupil only whilst attending school.
- Any medication no longer required will be returned home for safe disposal.

Signed ..... **Parent/Guardian** **Date:**...../...../ 2023...

Please sign and return this form as soon as possible

Received in school by: ...SNSN..... Date: ...../...../ 2023....

Checked against MAR CHART **YES / NO** Double Checked **YES / NO**

If you require this document to be translated into a different language or in a different format (such as easy read or large print, audio) then please contact specialschools.staffs@mpft.nhs.uk