



Linton Heights Junior School
Wheatsheaf Way
Linton
Cambridge
CB21 4XB

Together we learn.
Together we thrive.

T: 01223 892210
E: office@lintonheightsjunior.org
W: www.lintonheights.cambs.sch.uk
Twitter: @lintonheights

Headteacher: James Puxley

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

**THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS
YOU COMPLETE AND SIGN THIS FORM**

DATE	
CHILD'S NAME	
NAME AND STRENGTH OF MEDICINE	
EXPIRY DATE	
HOW MUCH TO BE GIVEN (DOSE)	
WHEN TO BE GIVEN	
NUMBER OF TABLETS/QUANTITY GIVEN TO SCHOOL	
ANY OTHER INSTRUCTIONS	
GP NAME AND TELEPHONE NUMBER	

Please note Medicines **MUST** be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering the above medicine in accordance with the school policy. I will inform the school immediately, in writing if there is any change in dosage or frequency of the medication, or if the medication is to be stopped.

Signature of Parent/Carer _____ Date _____