



Together we learn.  
Together we thrive.

**Linton Heights Junior School**  
Wheatsheaf Way  
Linton  
Cambridge  
CB21 4XB

T: 01223 892210  
E: [office@lintonheightsjunior.org](mailto:office@lintonheightsjunior.org)  
W: [www.lintonheightsjunior.org](http://www.lintonheightsjunior.org)

**Headteacher:** Caroline Webb

## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

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

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 \_\_\_\_\_



Artsmark  
Silver Award  
Awarded by Arts  
Council England



PROUD TO BE A  
MUSIC MARK  
SCHOOL

