



GRIMSDYKE SCHOOL

Sylvia Avenue · Hatch End
Pinner · HA5 4QE
Tel: 020 8428 1324

Email: office@grimsdyke.harrow.sch.uk
Website: www.grimsdyke.harrow.sch.uk
Twitter: @GrimsdykeSchool

Headteacher: Mr Iain Sutherland
Email: isutherland@grimsdyke.harrow.sch.uk

PARENTAL CONSENT FORM

ADMINISTRATION OF MEDICATION IN SCHOOL

Name of child: _____ Date of birth: _____ Class: _____

Please write clearly instructions on all medication

	<u>Name of medicine</u>	<u>Dosage</u>	<u>Time of give</u>	<u>Tick to stay at school</u>
<u>1</u>				
<u>2</u>				
<u>3</u>				

I _____ (print your name) consent to administration of the above medication to :-

Name of child _____

Signed (Parent/Guardian) _____

Date: _____ Daytime tel: _____

The school will take all reasonable care to ensure that medicine is administered as prescribed.

LEARNING AND ACHIEVING TOGETHER



Artsmark
Silver Award
Awarded by Arts
Council England

