

**Disclaimer: ADHD Right to Choose referrals**

I acknowledge that Deddington Health Centre will not enter into a Shared Care Agreement with the Right to Choose provider and will not take over prescribing of ADHD medication.

I understand that Deddington Health Centre will not carry out investigations such as blood tests, ECGs or blood pressure monitoring on behalf of the Right to Choose provider for the purposes of prescribing or monitoring medication.

**Signature:**

**Name:**

**Date:**

**Name of child, if parent/guardian signing on their behalf:**

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