The Greenway, Thorntree,
Middlesbrough. TS3 9NH

Tel: (01642) 242309
Fax: (01642) 250476

Headteacher: Mrs SM Picknett

I give permission for an assigned adult to give my child, his/her medicine/tablets at

……..am/pm

Name of Medicine……..

Dosage…….

Child's name……Class……..

Signed…….Date……
(Parent/Guardian)

Date	Time	Signature	Date	Time	Signature