The Greenway, Thorntree,
Middlesbrough. TS3 9NH

Tel: (01642) 242309

Headteacher: Mrs W Nelson

I give permission for an assigned adult (W.Nelson, N.Thornton, M.Foster) to give my child……. , medicine between ……...

Name of Medicine
Dosage

Child's name:

Signed…….Date:…….
(Parent/Guardian)

Date	Time	Signature	Date	Time	Signature