

Supervised Tooth Brushing Consent Form

Please read the attached information included with this consent form, complete this form and return it as soon as possible to your nursery/school.

If you would like more information, or help to fill in your details, please contact a member of staff at your nursery/school.

Name of Nursery/School

Full Name of Child: Class

Child's address

Postcode:

Child's date of birth:

Contact telephone number:

It is important that you sign and date this form

I give my permission for my child to brush their teeth every day at school/nursery as part of the Supervised Toothbrushing Programme

Yes No

If you decide you DO NOT WANT your child to take part in the programme with the other children it would be helpful if you would let us know the reasons for this in the box below. Thank you.

I confirm I have parental responsibility for the child above and have read and understood this information

Signature of parent / legal guardian:

Print name:

Date:

