



CONSENT FORM

The Teeth Team Tooth Brushing Programme

I give permission for my child

(Child's name)

to brush their teeth every day at school as part of the Teeth Team Tooth Brushing Programme.

(0-6 year olds with 1000ppm fluoride toothpaste and 7+ years with 1450ppm fluoride toothpaste)

Name of Child	Child's Class
Date	Signature (of the PARENT/GUARDIAN)

Please contact the school for any information regarding the programme.

