

## **SUNSCREEN - SHORT TERM MEDICATION**

Dear Parents / Carers

**Please complete all details below and return this form to the school office as soon as possible.**

**Reminders will be sent until we receive this completed form.**

Parents must bring in sunscreen (spray ONLY) to school or send via the transport passenger assistant. Please note children are also expected to wear sun hats when weather is hot.

All sunscreen must be clearly labelled with the child's name.

This consent form will be kept on the pupil's file for the duration of their school career.

**\* MUST BE COMPLETED**

**\*CHILD'S NAME**.....

**\*DATE OF BIRTH**.....

NAME, ADDRESS & TELEPHONE NUMBER OF CHILD'S DOCTOR

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CONDITION FOR WHICH MEDICATION IS TAKEN .....Prevention of sunburn.....

I give permission for a member of staff to apply my child's sunscreen with the spray provided by me during the school day.

My child will then be shown how to rub the lotion in by themselves.

**\*SIGNED** ..... Parent/Carer **DATE**.....

**\*NAME** ..... (Block capitals)