Sunscreen Application Consent

We would request that all parents and carers provide their child with their own sunscreen. Prior to attending the service we request that all parents and carers apply sunscreen to their child and that their child carries their own sunscreen with them.

**PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS**

My child has no known allergies and I give my consent to the service allowing my child to use their cream or any available cream when they do not have their own. I am aware that the staff will supervise children putting their cream on and will ask them to team up with a friend to help them apply it.

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

My child has allergies and I will provide my own brand of sunscreen labelled with my child’s name, to be kept at the service or on their possession. I am aware that the staff will supervise children putting their cream on and will ask them to team up with a friend to help them apply it.

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_