



**CONSENT FORM**

**PLEASE DELETE AS APPROPRIATE:**

**I do give** permission for my child..... in Year .....  
to apply sun cream to his/her face, back of the neck, lower arms and lower legs, in  
school.

**If your child will be applying their own sun cream in the school please  
provide this in a small box with their full name and class written on it.**

**I do not give** permission for my child..... in Year ..... to  
apply sun cream to his/her face, back of the neck, lower arms and lower legs, but I will  
apply this before my child comes to school.

Parent Signature .....

Parent Name .....

Date .....