



**Parental agreement for school to administer  
*occasional cream*  
during the normal school day**

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN  
PLEASE RETURN THIS FORM EVEN IF IT IS NOT APPLICABLE FOR  
YOUR CHILD**

Child's name	
Child's date of birth	

Name	
Strength of cream	
Amount to be used	
When to be administered	
Any other instructions	

Sun cream should be applied at home before attending school however the school have a limited supply of ***Tesco Soleil Factor 50 Moisturising Sun Spray*** if needed.  
Parents can provide sun cream to be kept in school if they wish.

Are you happy for the school to apply <b><i>Tesco Soleil Factor 50 Moisturising Sun Spray</i></b> should your child not be wearing any sun cream. (delete as appropriate)	<b>YES / NO</b>
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**Authorisation:**

I confirm that I have administered the above named cream without adverse effect to my child in the past.  
I give consent to school staff to administer the above named cream in accordance with the school policy.  
I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above named cream.

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

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