



APPLICATION OF SUN PROTECTION/CREAM

I Parent/carer of

Give permission for Playgroup staff to apply sun protection to my child whilst in their care.

- Staff at Roughton Under 5's Playgroup do not accept responsibility should a child suffer from either sunburn/stroke in their care (Please refer to Sun Protection Policy – Education)

Signed Parent/carer. Date

Signed Practitioner Date

Sun protection/cream product name	To be applied to
	Face/arms/legs and visible skin
	Face/arms/legs and visible skin

Parents/carers consent to apply sun protection/cream at registered sessions.	Person applying sun protection/cream and signature.	Witness signature.	Date/s
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Sun protection/cream returned to parent/carer

Date _____

Signed Parent/Carer _____

Date _____

Signed Staff Member _____

Date _____