

## Self Administering Medical Form



### Consent for child to apply their own sunscreen and administer allergy relief medication

This form must be completed by parents/carers

<b>Name of school</b>	<b>Thomas Eaton Primary Academy</b>
Child's name	
Class	
Name of sunscreen	
Procedures to be taken in an emergency	

<b>Parent/carer contact Information:</b>	
Name	
Daytime telephone number	
Relationship to child	

I understand and accept that it is my child's responsibility to remember to apply their sunscreen if required during the school day.

Parent/Carer's signature \_\_\_\_\_

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

Date \_\_\_\_\_