

# Vera Lacaze

## KINDERGARTEN

Child's Name: \_\_\_\_\_

Group: \_\_\_\_\_

### Parent/guardian to complete

I/We, \_\_\_\_\_,

as parent/guardian of \_\_\_\_\_

request that the following sunscreen be applied to my child:

Name of Sunscreen: \_\_\_\_\_

I understand that I must ensure a sufficient supply of sunscreen is provided to and maintained at the service. I understand that the sunscreen I supply must be in its original container and clearly labelled with my child's name. I understand that where I do not maintain a sufficient supply at the service, service staff will ensure that my child only engages in activities in shaded areas until I bring further supplies to the service.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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



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