



## MEDICAL REQUEST FORM – Sun Cream

<b>Name of Child</b>	
<b>Date of birth</b>	
<b>Class</b>	
Name of person completing this form (please print name)	

### SECTION 1 – Medication Details

Name of Sun Cream	
Amount Required and where on body can this be applied (ie: face/arms/legs)	
How much sun cream are you leaving (one bottle etc)	
Time/s you need this to be given to your child	
Any adverse reaction we should look out for and action to be taken	

**I give permission for my child to apply their own sun cream as stated above**

<b>Signed parent)</b>	
<b>Date</b>	

