



**GLEBE HOUSE  
SCHOOL**

Please return this reply slip to Nursery Office ASAP.

Child's Name: ..... Year Group: .....

I agree to the following to help protect my child from the danger of the sun.

I have handed my child's key person some in date sun cream factor 15+

I agree to a member of staff applying my child's sun cream

I agree that if I have forgotten to provide my child with sun cream that the nursery can apply the setting sun cream

I agree to the following to help prevent my child's bottom from becoming sore.

I have handed my child's key person some in date barrier cream

I agree to a member of staff applying my child's cream

Parents Name: .....

Parents Sig: ..... Date: .....