**F1 Permissions Slip B**

**Child’s Name: ………………………………………………………………………**

|  |  |  |
| --- | --- | --- |
|  | Parent / Carer signature to agree | Date of signature |
| I give permission for Our Lady and St Edward’s Catholic Primary School staff to apply sun cream to my child as required. I will supply my own sun cream, clearly labelled with my child’s name, to remain in F1 |  |  |
| I give permission for Our Lady and St Edward’s Catholic Primary School staff to assist with toileting my child, changing my child’s nappy when needed and applying nappy rash cream as required.I will supply my own nappies, wipes and nappy rash cream, clearly labelled with my child’s name to remain in F1Nappy rash cream I will supply is………………………………………………………………………. |  |  |
| I give permission for my child to be seated in the multi seat buggy by Our Lady and St Edward’s Catholic Primary School staff |  |  |
| I give permission for Our Lady and St Edward’s Catholic Primary School medicine trained staff to administer teething gel to my child if they show signs of teething in F1Teething gel I will supply is……………………………………………………………………… |  |  |