** Butterfly Nursery School**

**Church Road**

**Horne**

**Surrey**

**RH6 9LA**

**01342 843655**

**Permission form to apply sun cream**

**Name of child……………………………………………………………………………………………………………..**

**Date of birth……………………………………………………………………………………………………………….**

\*I do/do not give permission for the nursery staff to apply sun cream which I have supplied during the session before outside play.

(\* delete as appropriate)

Signed……………………………………………………………. Relationship to child……………………………….

Primary carer/parental responsibility/other…………………………………………………………………

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