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| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – mrsc.vic.gov.au |

**SUNSCREEN EXEMPTION FORM – Kindergarten**

**Details:**

|  |  |
| --- | --- |
| Child name: |       |
| Parent/guardian name: |       |
| Reason for exemption: |       |
|  |       |

**Acknowledgement and Agreement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<enter name> agree that I have not provided authority for the educators at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<enter service name> to apply sunscreen to my child at kindergarten.

I acknowledge that my child may be at risk of sustaining sunburn whilst attending kindergarten, due to not wearing sunscreen, and I accept this risk.

**Signatures**

|  |  |
| --- | --- |
| Parent/guardian name: |  |
| Signature: |  | Date: |       |