|  |
| --- |
| Parent consent |
| <insert school logo> |
| School name |  |
| School address |  |
| Student details |
| Name |  |
| Class |  |
| **Parent consent** |
| Parent name |  |
| I am aware that too much exposure to sun light in the school yard may result in harm to my child, for example skin damage. |
| I have read and support the school’s sun safety procedures | Y/N |
| I will provide my child with a sunscreen product to be used at school and on school outings in accordance with the school’s procedures | Y/N |
| My child has a known allergy to sunscreen | Y/N |
| Due to my child having known allergy to sunscreen, please only use the following brand and type of sunscreen |
| Parent signature |  | Date |  |
| Further informationEmail your completed form to \*\*\*@education.nt.gov.au |

## Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All data will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every student’s right to privacy is maintained. For more information, go to the Department of Education’s Privacy Policy, located on the Policy and Advisory Library.