**Mayfield School**

**Annual Permission Form**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Class** |  |

**PLEASE COMPLETE EACH SECTION SEPARATELY AND RETURN TO YOUR CHILD’S CLASS TEACHER AS SOON AS POSSIBLE.**

*Please remember you have the right to withdraw consent at any time.*

**1. Sun cream application**

I consent to sun cream being applied to my child during hot weather seasons. I understand that I am expected to provide sun cream to be used in school.

|  |  |
| --- | --- |
| Signed | Date: |

**2. Food Allergies**

My child **IS allergic** to the following foods:

|  |
| --- |
|  |
| Signed | Date |

To my knowledge, my child is **NOT allergic** to any foods of any sort.

|  |  |
| --- | --- |
| Signed | Date: |

**3. Other Allergies**

My child has the following allergies:

|  |
| --- |
|  |
| Signed | Date: |

**PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF PARENTS TO KEEP THE SCHOOL INFORMED OF ANY MEDICAL CONDITIONS, INCLUDING ALLERGIES THAT YOUR CHILDREN CURRENTLY HAVE OR MAY DEVELOP IN THE FUTURE.**