



17 Brunswick Street
Ballina NSW 2478

Phone: 02 6686 7799
Fax: 02 6686 4093

admin@fdcballinabyron.com.au
www.fdcballinabyron.com.au

ABN: 85 676 459 681

PERMISSION TO APPLY SUNSCREEN AND/OR INSECT REPELLENT.

I (Parent name) hereby give permission for
my child (Child's name) to have
sunscreen and/or insect repellent applied by my educator
(Educator's name) when needed.

Parent to supply sunscreen? Yes No If yes, name of sunscreen:

Educator to supply sunscreen? Yes No If yes, name of sunscreen:

Parent to supply insect repellent? Yes No If yes, name of repellent:

Educator to supply insect repellent? Yes No If yes, name of repellent:

Reminder: Please note that Material Safety Data Sheets are required for all products used in the service. Regardless of who is supplying the sunscreen and/or insect repellent.

Parent / Guardian Signature: Date:.....

Educator Signature: Date:.....

OBJECTION TO APPLYING SUNSCREEN AND/OR INSECT REPELLENT.

I (Parent name) DO NOT give permission
for sunscreen and/or insect repellent to be applied to my child (Child
name) during care.

I have read and am aware of Ballina Byron Family Day Care Sun Protection Policy.

I agree to provide appropriate sun safe clothing and hat whilst my child is in care at all times.

Parent / Guardian Signature: Date:.....

Educator Signature: Date:.....

'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.



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WATER PLAY PERMISSION FORM

I,(parent's full name),
hereby give permission for my child(child's full name)
to participate in water play (hose, sprinkler, water trough, small wading pool) at the
home of registered educator(educators full name).

I understand that the educator will abide by Scheme policy, regulations and licensing standards.

Signed: Date:
(Parent/Guardian)