



AMINGTON HEATH  
PRIMARY & NURSERY

Quince  
Amington  
Tamworth  
B77 4EN

Phone: 01827 475161

Email: [office@amingtonheath.staffs.sch.uk](mailto:office@amingtonheath.staffs.sch.uk)

Website: [www.amingtonheath.staffs.sch.uk](http://www.amingtonheath.staffs.sch.uk)

Headteacher: Mrs A Burns

April 2015

## Sun Protection Policy

### Statement of Intent

It is our intention to practise sun safety to ensure that children and staff are protected from skin damage caused by harmful ultra-violet rays in sunlight.

### Aim

We aim to protect children and staff from skin damage caused by the effects of ultraviolet radiation from the sun. Protection from the sun in the form of shades and appropriate clothing are the most effective way of preventing sunburn and over exposure to the sun. A first useful step is to encourage children to wear hats for outside activities.

### Methods

In order to achieve this aim, we operate the following sun safety policy

- We encourage children to wear clothes that provide good sun protection.
- We will, with parental/carer consent, encourage children to use high factor sunscreen, under supervision, provided by the parent.
- We will try to schedule outdoor activities in areas of shade whenever possible and encourage children to use shady areas
- We will work towards increasing the provision of adequate shade for everybody.
- We will encourage staff and parents to act as good role models by practising sun safety.
- We will regularly remind children, staff and parents about sun safety through newsletters & posters.
- We will make sure the sun safety policy is working.

# The Use of Sunscreen at school

## Parental Consent form

We need your permission for your child to use the sunscreen provided by home.

Please use this form to give your permission. If your child has any allergies or skin sensitivities, you may want to check this with your GP first. The school will inform you if your child has any adverse reaction that may be due to the sunscreen, and will take medical advice if necessary.

Name of child/children:.....

Name of parent/guardian:.....

I am not happy for my child / children to have sunscreen applied.

I am happy for a staff member to apply the sun cream **(Please ensure bottle is clearly named)**

(Please tick)

Signature:..... Date:.....