

Dear Parents/Guardians



*Learn, Live, Believe*

**First Aid in School**

In view of our First Aid procedures would you please complete the permission form below, consenting to the application of a plaster to your son/daughter in the case of injury.

Plasters used will be hypoallergenic, reducing the risk of skin irritation and allergic reactions. This record will be kept by our First Aiders for the safety and welfare of your children.

Yours sincerely

S Williams  
Headteacher

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**Use of plasters in case of injury**

Pupil Name: ..... Year Group: .....

I give permission for hypoallergenic plasters to be applied to my son/daughter (delete as necessary) in the case of injury.

I do not give permission for use of hypoallergenic plasters.

Signed: ..... Dated: .....