



## Hand Sanitiser

Written Authority for the use of Hand sanitiser at Tieri State School and at approved activities held offsite.

Student name: .....

Class: .....

Date of birth: .....

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Please complete the relevant section below regarding the use of hand sanitiser, as directed by the school.

- YES, I give permission for my child to apply hand sanitiser supplied by Tieri State School.
- YES, I give permission for my child to have **Careline** hand sanitiser or **Medipure Instant** hand sanitiser or **Platinum** hand sanitiser applied.
- YES, my child has used this hand sanitiser recently with no adverse reactions.
- NO, I do not give permission for my child to use hand sanitiser.

Additional information (if applicable) \_\_\_\_\_

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Parent/Carer name (Please print): .....

Parent/Carer signature: .....

Date: .....

Should you have any enquiries regarding this consent form, please contact the school on 49817555