

# Sarisbury Infant School

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*Sailing the Seas to Success*

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Headteacher: Mrs C L Weavers  
Deputy Headteacher: Miss S Barnes

Dear Parents and Carers

## **APPLYING CREAM IN SCHOOL TO DRY HANDS**

Due to increased hand washing during the day, along with the start of the colder weather, we are noticing that some of the children are starting to have sore hands. Unfortunately, for safety reasons children are not allowed to bring un-prescribed pots of cream to school in their bags for them to self administer. It is also unmanageable for the class teacher to hold different cream's for separate children to use.

Therefore, we have decided that to try and help with sore hands each class will have access to a cream pump which the class teacher would administer as a child required it. We have taken advice from a pharmacist to advise us on a cream that is effective, but mild, and the least likely to cause a reaction. They recommended for us to use a cream called QV. This is the product description as seen on Amazon:



- Developed by dermatologists, QV is a gentle, soap-free cleansing & moisturising range formulated for everybody, everyday
- QV is suitable for newborn babies, the elderly, sufferers of skin conditions such as eczema, psoriasis & dermatitis. Store below 30C
- Free from fragrance, colour, lanolin & proplene Glycol
- Leaves the skin feeling soft & smooth, non-greasy & wont block pores
- Highly concentrated, rich moisturizing cream, ideal for areas of the skin that need extra hydration E.G knees & elbows

Please complete the attached form notifying us of whether or not you give consent for your child to apply the cream to their hands.

**If we do not receive a signed reply slip, we will not allow your child to have any QV cream.**

Kind Regards

Mrs C Weavers  
Head Teacher

**If you need this information in larger text or a different colour, please ask.**





**PERMISSION TO ADMINISTER NON-PRESCRIBED QV CREAM**

- I do not wish you to administer QV Cream to my child.
- I am happy for you to give my child QV Cream to apply to sore hands.

Parent/Carers signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of Birth: \_/~/\_\_\_\_ Class: \_\_\_\_\_

Date Signed: \_/~/\_\_\_\_

**If you need this information in larger text or a different colour, please ask.**

