

SUNSCREEN PERMISSION FORM

Date: _____

Name of Child: _____

Name of Sunscreen and the SPF Number: _____

Your child's provider will assist with applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15, clearly labeled with the child's first and last name.

Special Instructions

- ☐ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the provider.

(Name of sunscreen and SPF)

- ☐ I do not want my child to use any other sunscreen other than the one he or she brings.
- ☐ I do not want my child to use sunscreen.

Parent/Guardian Signature

Date