**Parent’s/Guardian’s Permission to Apply Sunscreen to Child**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child’s risk of getting skin cancer someday. Therefore, I give my permission for personnel at Linglestown Early Learning Center to apply a sunscreen product of SPF–30 or higher to my child as specified below when he or she will be playing outside, especially during the months of April-September. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs. I have checked all applicable information and the expiration date regarding the type and use of sunscreen for my child.

* I do not know of any allergies my child has to sunscreen
* Staff may use the sunscreen that I provided
* I have checked the expiration date
* I have provided the following brand of sunscreen for use on my child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Valid for 1 year from date)