

# Sunscreen Permission

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

Does your child have any allergies to sunscreen products?

YES

NO

If yes, name the product(s): \_\_\_\_\_

## **Special Instructions:**

\_\_\_\_\_ I give consent for my child's teacher to apply sunscreen when outdoor activities are scheduled. (We *DO NOT* apply to the face area.)

\_\_\_\_\_ Please *DO NOT* apply sunscreen to my child's skin.

**PLEASE APPLY SUNSCREEN IN THE MORNING BEFORE DROPPING YOUR CHILD OFF AT SCHOOL. WE WILL REAPPLY EACH TIME YOUR CHILD GOES OUTDOORS.**

Thank you for your cooperation.

SCA Staff

Parent/Guardian Signature:

Date:

\_\_\_\_\_

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