

**Authorization for the Application of Sunscreen**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Christopher's Footprints to apply sunscreen to my child/children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for any activity outdoors.

\* **Parents are responsible for providing sunscreen and must be clearly labeled with child's full name.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Parent Signature Date