



Sunscreen Permission Form

Date: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Name of Sunscreen and SPF #: _____

Please apply sunscreen to your child every morning before drop off. As needed throughout the day, your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. 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.

Parent Signature

Special Instructions:

_____ I do not want my child to use any sunscreen other than the one that she/he brings.

_____ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

Parent Signature