

Liberty Learning Centers Inc.

Parental Consent Form for Sunscreen Application

As the parent or guardian of my child(ren) listed below, I recognize that too much sunlight may increase my child's risk for skin cancer later in life.

Child's Name: _____

D.O.B. _____

Child's Name: _____

D.O.B. _____

Child's Name: _____

D.O.B. _____

Child's Name: _____

D.O.B. _____

Sunblock is provided by the family, the sunblock must be spray on and not need to be rubbed in by the teaching staff.

☐ - Therefore, I give my permission for the staff at Liberty Learning Centers Inc. to apply

_____ to my child(ren), as specified
Name of sunscreen _____ SPF _____
below, when he or she will be playing outside, especially during the months of April through September and between the hours of 8am - 6pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Parent's Signature: _____

Date: _____

I do not wish for Liberty Learning Centers to apply sunscreen to my children, and I know the risk of not applying sun protection.

Parent Signature Date

I will apply sunscreen to my child before I send them to school each day.