




AUTHORIZATION TO APPLY SUNSCREEN

I give my permission for personnel at TOTS ACADEMY to apply a sunscreen product of SPF-15 or higher to my child _____, as specified below, when he or she will be playing outside, especially during the months of April through September and _____ between the daily times of 9 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

This authorization is effective until **September 2025**

Banana Boat Kids Sport Sunscreen, Broad Spectrum, SPF 50 -Expiration date: 02/2026	Babyganics SPF 50 Mineral Sunscreen -Expiration date: 01/2025	Others Expiration date:
		
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

Known Adverse Reactions (if any): _____

Parent/Guardian full name (print):	Parent/Guardian signature:	Date:

*Permission of apply Sunscreen must be updated every year.