



26606 Oakridge Dr. Spring Tx. 77380

Sunscreen/Bug spray Permission form

Name of Child: _____

Parent Name: _____

As parent or legal guardian of the above-named child, I hereby give my permission to Little Angels Child Care staff to apply a sunscreen product of spf 15 to my child, when he or she is engaging in outdoor activities.

- I understand that sunscreen will be applied to exposed skin, including but not limited to the face, top of ears, nose, bare shoulders, arms and legs.
- I understand Bug spray will be applied to arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application.

____ Little Angels Child Care staff may use the sunscreen and bug spray of their choice according to package directions.

____ Only use the following type(s) SPF of sunscreen or bug spray, (parent will provide)

____ for medical or other reasons, please don't apply sunscreen or bug spray to the following areas of my child's body:

- Sunscreen _____
- Bug Spray _____

Parent /Guardian Signature _____

Date _____