



Permission to Apply Sunscreen

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child.

Please note that for summer school-age programs parents are asked to supply sunscreen for application for their child(ren).

Please check below all information that applies to your child:

- I do not know of any allergies my child has to sunscreen.
- My child is allergic to some sunscreens. I will provide my child's sunscreen.
- Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!