



Palo Alto Community Child Care

### COVID-19 SUNSCREEN POLICY

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
PACCC Center

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 understand the importance of the use of sunscreen when my child will be playing outside, especially during the months of March through October and between the daily time of 10:00am and 4:00pm.

***NOTE: During COVID-19, parents are asked to supply sunscreen for exclusive use of their child and apply the first application prior to dropping their child(ren) off.***

Please check **all** applicable information below regarding sunscreen applications for your child.

\_\_\_\_\_ I agree to the use of sunscreen for my child, and I will supply a broad spectrum sunscreen with SPF 15 or higher for the exclusive use of my child.

\_\_\_\_\_ I do not know of any allergies my child has to sunscreen.

\_\_\_\_\_ I will apply the first application of sunscreen to my child prior to dropping my child off.

\_\_\_\_\_ I give PACCC staff permission to reapply sunscreen as needed throughout the day to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

\_\_\_\_\_ *School-Age Programs Only:* I give my child permission to reapply their own sunscreen as needed throughout the day.

\_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (PRINT CLEARLY)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

***DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER***