

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

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:

- ___ I do not know of any allergies my child has to sunscreen.
- ___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

- ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- ___ I have provided the following brand/type of sunscreen for use for my child:

- ___ 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: _____

Health Care Provider's Signature (optional): _____

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

