

Parent/Guardian Permission Form

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:

Peace of Mind Playschool

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. (Currently using BabyGanics)

☐ 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: _____

Parent/Guardian's Signature: _____ Date: _____