

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

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:

Nature's Edge Child Development Center

(name of the child program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher (do not apply higher than 30) 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 10am and 4pm. 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 sunscreen. Please use ONLY the following brand(s)/types(s) of sunscreen.

- Staff may use the sunscreen of the program's choice following the directions and recommendations printed in 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:

Parent/Guardian's

Signature:

Date:

Health Care Provider's Signature (optional): _____

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