

Sunscreen Consent Form

Name of Facility:	
Name of Child:	Date:

As the parent/legal guardian of the child listed above, I give my permission for the facility staff to apply sunscreen to my child prior to outdoor play according to the criteria below.

I further understand that sunscreen will be applied to exposed skin, including, but not limited to the face, ears, nose, shoulders, arms, and legs.

<input type="checkbox"/>	Staff may apply _____ (name of sunscreen) to my child as described above.
<input type="checkbox"/>	I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to _____ (name of sunscreen).
<input type="checkbox"/>	I have provided sunscreen for my child, to be applied as described above by the staff. I have labeled the bottle with my child's first and last name.
<input type="checkbox"/>	NO. For medical reasons, do not apply sunscreen to my child for any reason.

<input type="checkbox"/>	I have checked all applicable information regarding the type and use of sunscreen for my child.
Parent or Guardian's Printed Name:	
Parent or Guardian's Signature:	
Date:	

Ingredients for facility-provided sunscreen (optional):	
Additional information regarding this sunscreen is available at this website:	