
Sunscreen Permission Form

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 or 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!