

SUNSCREEN USE PERMISSION FORM

(IN COMPLIANCE WITH LICENSING FORM 9221)

Child's Name: _____ **Child's Birthdate** _____

Name of Sunscreen I am providing for my child: _____

Expiration Date: _____

I understand that my child, should arrive at school with sunscreen applied and additional sunscreen will be applied by staff prior to the afternoon recess.

I understand that the sunscreen I am providing must have a current expiration date and once it expires, I must replace the sunscreen.

I understand the type of sunscreen specified below is the only type to be administered to my child. If there are any changes to the brand or SPF, a new form must be completed.

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

Please note the following:

_____ For medical or other reason, please **do not** apply sunscreen to the following areas of my child's body: _____

Parent/Guardian signature indicates permission for any Village Montessori Center staff to apply sunscreen to my child during the afternoon on sunny days.

Parent Signature: _____

Print Name: _____ Date: _____