

SUNSCREEN USE PERMISSION FORM

Date: _____

Child's Name: _____

As the parent or guardian of the above child, I agree to provide a sunscreen product with an SPF 15 or higher, as specified below.

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

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 have checked and indicated below my directives regarding the type and application of sunscreen:

_____ **I will** provide the following type(s) of sunscreen:

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

Signature of Parent/Guardian _____

Print Name: _____

Date: _____