



SUNSCREEN PERMISSION FORM

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 Ekobé School of Learning to apply a sunscreen product*** that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside during the spring and summer months during afternoon outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids) , tops of ears, nose, shoulders, arms and legs.

I have checked below all applicable information regarding the use of sunscreen for my child while in childcare. I understand it is my responsibility to provide and replenish sunscreen for my child as needed. **It is my responsibility to apply sunscreen before sending my child to preschool for outside activities in the morning.**

- 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: _____
- I have provided the following brand/type of sunscreen for use for my child while attending childcare : _____
- For medical or other reasons, please DO NOT apply sunscreen to the following areas of my child's body: _____

PARENT'S NAME: _____

PARENT'S SIGNATURE : _____

DATE : _____