



Parent/Guardian's Permission to Apply Sunscreen to Child

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 *Temple Isaiah Preschool* 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, 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 childcare program's choice in brand/type (**spray type only**) and use of sunscreen for my child:

☐ _____ I don't know of any allergies my child has to sunscreen.

☐ _____ I have provided the following brand/type of sunscreen (spray type only):

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

NOTE: When providing sunscreen, please put the spray-type sunscreen you want applied along with this form in a zip lock bag and **give to your teachers when school begins.**

**DO NOT RELY ON SUNSCREEN ALONE TO PROTECT
CHILDREN FROM SKIN CANCER!**