

Sunscreen Utilization Permission Form

Date _____

Name of child _____

As the parent or guardian of the above child, I give my permission for staff at Little Dreamers to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the hours of 9am to 4pm, daily. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have indicated below my directives regarding the type and application of sunscreen:

PARENTS TO PROVIDE SUNSCREEN

May use the sunscreen of parent's choice in keeping with applicable federal and state standards, except for the following (if specified):

Only use the following type(s)/SPF of sunscreen:

For medical or other reasons, please DO NOT apply sunscreen to the following areas of my child's body:

Additional Information or Comments:

Parent's full name (Print) _____

Parent's signature _____