

Parent's/Guardian's Permission to Apply Sunscreen to Child

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at **Christ Lutheran School** to apply the provided sunscreen from home to my child when he or she will be playing outside, especially during the months of June and July, and between the daily times of 8 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

I have provided the following brand/type of sunscreen for use on my child:

My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

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

Parent/Guardian full name (print):_____

Parent/Guardian signature:_____

Date:_____