

Sunscreen Utilization Permission Form

Name of Child: _____ Date: _____

As the parent or guardian of the above child, I give my permission for the Staff at Child of Faith to apply the sunscreen product of **SPF15** or higher to my child as specified below. Sunscreen will be applied after nap time when he or she will be engaging in outdoor activities, especially during the months of April through September.

I will take responsibility for applying sunscreen to my child in the morning before arriving at school. I understand that the sunscreen may be applied to exposed skin, including but not limited to the face, nose, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen to my child.

- Parents must provide the sunscreen for their child to be used at the school. Please label sunscreen with your child's name.

_____ The staff of Child of Faith may use the sunscreen I provide, in keeping with applicable federal and state standards, except the following (if specified):

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

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

Parent's Full Name: (print) _____

Parent's Signature: _____