

Brand of Sunscreen



SUNSCREEN PERMISSION FORM

As the parent/guardian of _____, 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 *Tiny Tots Preschool* to apply a sunscreen product which is broad spectrum SPF 15 or higher to my child, when they will be playing outside, especially during the spring and summer months between the daily time of 10 AM and 4 PM. 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.

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

For more information on preventions visit http://www.cdc.gov/cancer/skin/basic_info/prevention.htm

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- I give Tiny Tots Preschool permission to apply sunscreen to my child as stated above.
- I give Tiny Tots Preschool permission to apply the sunscreen I have provided and labeled with my child's name: _____
(Sunscreen Brand)
- For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____