



Parent Request for No Sunscreen

Form provided by the Health Consultant Team at Child Care Aware® of North Dakota

Name of child: _____ Date of Birth: _____ Age: _____

My child is 6 months or older

Please do not apply sunscreen to my child

As the parent/guardian, I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting).

I will not hold _____ liable for any skin damage related to sunburns.
(Name of provider/facility)

Expiration date of permission form: _____

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ Date: _____