

# Parent Request for No Sunscreen

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: \_\_\_\_\_

*Form provided by Child Care Aware® of North Dakota Health Consultants.*

*Revised 8/19*

*Child Care Aware® of North Dakota grants users permission to reproduce this document for educational purposes.*