



## Parent Request for No Sunscreen

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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- My child is 6 months or older
- 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 daily (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: \_\_\_\_\_