## **Consent to Apply Sunscreen to Child**

Child's Name:	
As the parent/guardian of the above child, I give my permission forto apply sunscreen when he or she will be playing outside.	e of provider/facility)
I have checked all applicable boxes regarding the type of sunscreen for my chi	ld:
□ I do not know of any allergies my child has to sunscreen	
□ Staff may use the sunscreen of their choice following the recommendations printed	on the bottle
$\hfill \square$ I have provided the following brand/type of sunscreen for use on my child:	
Parent/Guardian Name (Printed):	
Parent/Guardian Signature:Date:	