

Parent Request for No Sunscreen

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

- 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/Guardian Name (printed): _____

Parent/Guardian Signature: _____ **Date:** _____