



Little Seeds Children's Center and Peter Pan Schools



Parent's/Guardian Permission to Apply Sunscreen on the Child

Child's Name _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for staff at

Name of School _____

To apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10am-4pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen.

I have provided the following brand/type of sunscreen for use on my child:

My child is allergic to some sunscreen. Please only use the brand I have provided.

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body.

Parent's/Guardian Name (Print) _____

Parent's/Guardian Signature _____ Date _____

Director Signature _____ Date _____

