



le petit elephant

infant nursery ★ preschool ★ daycare ★

Permission to Apply Sunscreen

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

(Name of child care program) _____ Le Petit Elephant _____

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, **once he/she is over 12 months old**. It will be applied as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

Please provide lotion sunscreen (no aerosol spray cans) for application for your child, labeled with their name on the bottle. We ask that parents apply sunscreen in the morning before drop off, and we will reapply as needed for rest of the day.

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

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

NOTE: PLEASE DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER