



SUNSCREEN RELEASE FORM

Child's Name _____

Date: _____

Parents who want their children to wear sunscreen are asked to put on the first application before coming in each day. Teachers will remind children to reapply sunscreen throughout the day, but will not perform the application for them without the written consent of their physician. Every teacher will use **only** the sunscreen provided to them by each parent. Each new bottle of sunscreen provided by a child's parent(s) **MUST** be clearly labeled with their child's name. A child's sunscreen will **never** be used on any other child but the one for whom it was provided.

Parents of infants should check with their physician before submitting this release, as some sunscreens and lotions are **not recommended** for children under the age of six (6) months.

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I **give** **do not give** (please check one) permission for my child to apply the sunscreen that I provide for my child on an as-needed basis each day he/she attends School Time during the day. I understand that I will be responsible for putting on the initial application before coming each morning. I understand that School Time will not apply sunscreen to my child unless I provide written authorization from my child's physician.

Signature of Parent(s)

Date