

Parent's/Guardian Permission To Apply Sunscreen To Child

(Name of Child) _____

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 permission for personnel at **Beautiful Beginnings** 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 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

I understand Beautiful Beginnings will supply sunscreen for my child if I choose this option. The sunscreen provided will be Equate brand lotion SPF-50. The cost will be \$7.00 per bottle, and it will be replenished as needed throughout the summer. I understand the charge for sunscreen will be added to my monthly bill.

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 wish for Beautiful Beginnings to provide sunscreen for my child. I understand I will be billed \$7.00 for each bottle provided, and this charge will be added to my monthly statement. Staff may apply this sunscreen following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

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- My child is allergic to some sunscreens. Please use only the following brand(s). I understand I will be responsible for providing this sunscreen if it is not the type provided by the center.

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- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body. I have attached documentation from my physician explaining this need.

Parent/Guardian full name (print): _____

Parent/Guardian Signature : _____ Date: _____