

## LMUMCC Parent's/Guardian's 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 my permission for staff at LMUMCC Preschool to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside during the afternoon hours (3-6 pm).

I understand that I, the parent/guardian, am responsible for applying sunscreen to my child before school.

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 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.  
Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

I have provided the following brand\* of sunscreen for use on my child:

\_\_\_\_\_

My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen\*: \_\_\_\_\_

\_\_\_\_\_

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

*\*All sunscreen provided by parent's must be in original container with child's name clearly printed and visible. It will be stored in a separate and safe location.*

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_