



## Sunscreen Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to the staff at St. Charles Early Childhood Center to apply sunscreen to my child. I have checked ALL of the applicable information regarding the application of sunscreen to my child:

- ☐ I have provided sunscreen for my child to use.
  - ☐ Name of sunscreen: \_\_\_\_\_
- ☐ My child doesn't have any known allergies to sunscreen.
  - ☐ (If allergies, please list here: \_\_\_\_\_)
- ☐ Staff may use center sunscreen should my child run out of sunscreen.
- ☐ My child may apply sunscreen on themselves.
- ☐ My child will need a staff member to apply sunscreen.
- ☐ I will NOT provide sunscreen for my child's use. I understand the risks of sunburn and will not hold St. Charles Early Childhood Center responsible.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_