SUNSCREEN CONSENT FORM

Child's name_____ Date of Birth_____

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 Toddler Town Learning Academy to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below when he/she will be playing outside. I understand that sunscreens will be applied to exposed skin approximately 20-30 minutes before going outside, including but not limited to the face (except eyelids), top of ears, nose, bare shoulders, arms and legs.

I have checked and initialed below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

_____ I do not know of any allergies my child has to sunscreen

_____My child is allergic to sunscreen. Please use ONLY the following brand/type of sunscreen I have provided for my child: _____

_____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_____

** This consent must be renewed each year

Please bring in sunscreen for your child. Sunscreen is to be applied in the morning by the parents and we will reapply in the afternoon.