

SUNSCREEN PERMISSION

Sunscreen Valid for 6 Months

Please fill out the form below and return to the Front Desk along with your sunscreen. Each child needs to have their own individual sunscreen.

Child's Name: _____

Name of Sunscreen: _____

(Please provide hypo-allergenic sunscreen with SPF 15 in the original container labeled with your child's name to be dropped off at the front desk.)

Known Adverse Reaction:

Parent Signature: _____ Date: _____