

## 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 personnel at Bosco Catholic School System, ABC after school program, 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 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/type 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:

\_\_\_\_\_

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

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

Date: \_\_\_\_\_