

## Parent's/Guardian's Permission To Apply Sunscreen/Bugspray To Child

(Name of Child) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may cause sunburn and possibly cancer later in life. I also recognize that too many bug bites will cause my child pain. Therefore, I give my permission for personnel at:

(Child Care Business) Holy Family Teddy Bear Club

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., along with any bug spray when needed. I understand that sunscreen and bug spray 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/bug spray for my child:

- I do not know of any allergies my child has to sunscreen or bug spray.
- Staff may use the sunscreen and bug spray of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen/bug spray for use on my child:

- My child is allergic to some sunscreen/bug spray. Please use only the following brand(s) and type(s) of sunscreen/bug spray:

- For medical or other reasons, please do not apply sunscreen/bug spray to the following areas of my child's body:

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

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

