

THE LEARNING TREE DAYCARE AND PRESCHOOL:
PARENTAL CONSENT FORM FOR SUNSCREEN/BUG SPRAY
APPLICATION
2014-2015

Date: _____ / _____ / _____

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life.

Therefore, I give my permission for the staff at The Learning Tree Daycare and Preschool to apply (Brand) _____ Sunscreen SPF _____ and/or bug spray (Brand) _____ to my child, as specified below, when he or she will be playing outside, especially during the months of April through October and between the hours of 8:00am and 5:00pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, 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 or allergic reactions my

child may have to _____ Sunscreen SPF _____ and/or bug spray _____

Staff may apply _____ Sunscreen SPF _____ and/or bug spray _____, to my child as described above.

NO _____ FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD FOR UNDER ANY CIRCUMSTANCES.

Parent's or Guardian's Full
Name (Please Print):

Parent's or Guardian's Full
Signature:

