



PERMISSION TO APPLY SUNSCREEN

Child's Name: _____ DOB: _____

As the parent of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer. Therefore, I give permission for the staff at AHCC to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, after water play and if they will be playing outside, especially during the months of March through October and between the time of 10AM-4PM.

Please read and complete all applicable information regarding the center's policy.

_____ I have provided sunscreen for my child.

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

_____ My child is allergic to sunscreen brand(s) _____

_____ I agree to apply sunscreen to my child before they come to school. AHCC staff will reapply after water play and for afternoon play. I understand that sunscreen may be applied to exposed skin including face (excluding eye lids), ears, shoulders, arms, and legs.

Parent Print Name: _____

Parent Signature: _____

Date