



Olive Site (415) 892-4111

P.O. Box 2037 • Novato, CA 94948

Lynwood Site (415) 892-6223

**PARENT/GUARDIAN'S PERMISSION TO APPLY
SUNSCREEN TO HIS/HER CHILD**

Name of Child _____

As the parent/guardian of the above child, I recognize too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Quality Care for Kids to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside during our summer camp (June through August) and between the times of 7:00 am to 6:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have checked and initialed below all applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child.

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

_____ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen.

_____ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.

_____ I have provided the following brand/type of sunscreen for use for my child.

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

PARENT/GUARDIAN'S NAME: _____

DATE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER**