

PERMISSION FOR SUNSCREEN

I give my permission for the staff at Abiding Hope Preschool and Kindergarten to apply, or assist with applying, sunscreen to my child's exposed skin including: the face, tops of ears, bare shoulders, arms, legs and feet 30 minutes before outdoor activities. **It is my responsibility to assure that my child has sunscreen applied before attending school activities.** Abiding Hope Preschool and Kindergarten will provide sunscreen for students. If my child has a sunscreen sensitivity it is my responsibility to provide sunscreen with a minimum of SPF 30 and I understand that the sunscreen will be left at school. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Child's Name: _____ Child's Name: _____

Additional Children: _____

The staff may apply sunscreen provided by Abiding Hope Preschool to my child.***

My child may NOT use any sunscreen other than the one that he/she brings.

Name of Sunscreen & SPF _____

_____ It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

Initial

Parent/Guardian's

Name: _____ Date: _____

***Our sunscreen is the brand SPR RX. The SPF is 40. It is all natural sunscreen with zinc oxide and titanium dioxide.