



# EMPOWER

## Sunscreen Consent Form

Name of Facility:

Name of Child:  Date:

As the parent/legal guardian of the child listed above, I give my permission for the facility staff to apply sunscreen to my child prior to outdoor play according to the criteria below.

I further understand that sunscreen will be applied to exposed skin, including, but not limited to the face, ears, nose, shoulders, arms, and legs.

Staff may apply  (name of sunscreen) to my child as described above.

I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to  (name of sunscreen).

I have provided sunscreen for my child, to be applied as described above by the staff. I have labeled the bottle with my child's first and last name.

NO. For medical reasons, do not apply sunscreen to my child for any reason.

I have checked all applicable information regarding the type and use of sunscreen for my child.

Parent or Guardian's Printed Name:

Parent or Guardian's Signature:

Date:

Ingredients for facility-provided sunscreen (optional):

Additional information regarding this sunscreen is available at this website: