

Sunscreen Utilization Permission Form

Name of Child: _____ Date _____

As the parent or guardian of the above child, I give permission for staff at **Mt. Olive Lutheran Preschool** to apply a sunscreen product of SPF 15 or higher to my child as specified below. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I understand that Sunscreen, if needed, will be applied in the afternoon only. I agree to apply sunscreen to my child in the morning before coming to school.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen.

___ The staff of Mt. Olive Lutheran Preschool **may use the sunscreen of their choice**, in keeping with applicable federal and state standards.

___ The staff of Mt. Olive Lutheran Preschool has permission to **only apply a specific type of sunscreen that I will provide for my child**. The bottle is clearly labeled with his/her name. Please list type of sunscreen below:

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

Parent's full name (print): _____

Parent's Signature: _____

Thank You!