



Sunscreen Application Permission Form

Child's Name: _____

DOB: _____

As the parent/guardian of the above child,

_____ I authorize Magnolia Progressive Montessori permission to administer sunscreen to my child when he/she will be playing outside, especially during the months of March – October during the hours of 7am – 6pm, Monday-Friday.

_____ I will provide **an unopened stick of sunscreen SPF 15 or higher** with my child's name written clearly. (Siblings must have one each).

_____ I understand that my child is allowed to apply sunscreen on self while supervised by a staff member.

_____ I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Please initial below:

_____ *I do not know of any allergies to my child may have to sunscreen.*

_____ *My child is allergic to some sunscreens.*

List _____

_____ *For Medical or other reasons, please do not apply sunscreen to my child.*

Parent/Guardian's Name: _____ Date: _____

Signature: _____