



# A Child's Delight Learning Center

## Sunscreen Permission Form

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent/guardian of the above named child. I recognize that 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 A Child's Delight Learning Center to apply a sunscreen product that is a broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. 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.

### Center's Choice:

**Type:** Coppertone Water Babies UVA/UVB Sunblock – Lotion Spray 45 SPF

**Active Ingredients:** Homosalate, Octinoxate, Octisalate, Oxybenzone.

**Inactive Ingredients:** Water, PEG-8, Cetyl Phosphate, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, Diazolidinyl Urea, Methylparabgen, Propylparaben, Disodium EDTA, Propylene Glycol, triethanolamine, Silica Dimethyl Silylate, Fragrance

I have *checked* and *initialed* below **all** applicable information regarding our choice in brand/type and use of sunscreen for my child:

- \_\_\_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_\_\_ Staff may use the sunscreen listed above following directions and recommendations printed on the product container.
- \_\_\_\_\_ I have provided the following brand/type of sunscreen for use on my child.  
\_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do not apply sunscreen on my child.

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_