

Authorization for Administration of Sunscreen

Please print name of student: _____

Classroom: _____

SUNSCREEN:

I/we will apply sunscreen each morning prior to the child entering the classroom.

(Parents who desire sunscreen usage are expected to apply sunscreen each morning.)

YES, sunscreen may be applied every midday and/or in after care as needed.

NO, sunscreen may not be applied to my child.

My son/daughter may self-administer his/her sunscreen.

Please use the sunscreen we will provide. Please provide details below:

(Parent provided sunscreen shall be labeled with the child's name.)

Other Considerations/Directions: _____

By signing this form you agree to the following:

- MECC will provide SPF Rx sunscreen (PABA free) (or alternative provided by parent)
- I request that the above sunscreen be given during school hours, if so indicated above.
- I release school personnel from liability in the event adverse reactions result from the use of this sunscreen.
- I give permission for the sunscreen to be applied by designated personnel as delegated by the school office.

Start Date

Stop Date

Parent/Guardian Signature

Date