

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN

Name of Child: _____

Date _____

As the parent/guardian of the above 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 Loma Linda Academy Children's Center, to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, after water play and if 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 pm.

Please *read and complete* all applicable information regarding the child care program's policy and choice in brand/type and use of sunscreen for my child:

I have provided sunscreen to use for my child

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

My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen: _____

I do not know of any allergies my child has to sunscreen.

Comments: _____

I agree to apply sunscreen to my child before they come to school. LLACC staff will reapply after water play if child plays outside in the afternoon. 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.

Parent/Guardian's Name _____

Parent/Guardian's Signature _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • http://www.dhs.ca.gov/cpns/skin/skin_resources.html
California Childcare Health Program (CCHP) 07/03 www.ucsfchildcarehealth.org