



Parent/Guardian Sunscreen Permission Form

I, parent/guardian of _____, understand the importance of applying sunscreen to assist in limiting my child's exposure to harmful UV rays. I agree to allow St. Vrain Preschool Program to apply Rocky Mountain Sunscreen SPF 30 to my child prior to sun exposure on exposed skin, to include but not limited to the face, top of ears, nose, bare shoulders, arms and legs during the day before going outside for recess, as directed on the sunscreen label. I also give the staff at St. Vrain Valley Preschool Program permission to reapply to exposed skin prior to additional sun exposure within the day.

I have checked all applicable information regarding the type and use of sunscreen for my child below. I furthermore agree to the statements above regarding sunscreen application:

I agree to allow St. Vrain Preschool Program to apply Rocky Mountain Sunscreen SPF 30 as stated above

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

I elect to opt out of the school provided sunscreen and choose to provide sunscreen for my child. I will ensure the sunscreen provided to be SPF 30 or greater. I wish to provide the following brand/type of sunscreen for my child:

For medical or other reasons, I am opting my child out of the use of sunscreen. Please do not apply sunscreen on my child.

Parent/Guardian full name (print) _____

Parent/Guardian Signature: _____

Date: _____