



## Permission to Apply Sunscreen

Name of Child: \_\_\_\_\_ Start Date: \_\_\_\_\_

Stop Date: (6 months after start date listed) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for Precious Child Care & Preschool Staff to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times 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, tops of the ears, nose and bare shoulders, arms, and legs.

I authorize the use of the following "program-provided" sunscreen on my child:

**Product Used:** SPF Rx SPF 30 Sport Lotion- Water Resistant Sunscreen Broad Spectrum UVA & UVB Protection Non Greasy Residue Sunscreen

**Active Ingredients:** Octisalate 4.8%, Oxybenzone 4.3%, Avobenzone 3%, Octocrylene 2.8% Inactive Ingredients: Acrylates Copolymer, Butyloctyl Salicylate, Butyrospermum Parkii (Shea Butter), C12-15 Alkyl Benzoate Caprylic/Capric Triglycerides, Carbomer, Dimethicone, Disodium EDTA, Ethylhexyl Palmitate, Fragrance (Parfum), Glyceryl Stearate, PEG-100 Stearate, Phenoxyethanol, Ethylhexylglycerin, Benzoic Acid, Potassium Hydroxide, Propylene Glycol, Tapioca Starch, Polymethylsilsesquioxane, Water (Aqua).

I have checked all applicable information regarding the type and use of sunscreen for my child:

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

I give Precious Child Care & Preschool permission to apply sunscreen to my child.

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

**MONTHLY MEDICINE RECORD**

Child's Name \_\_\_\_\_

Month/Year \_\_\_\_\_

| Medicine  | Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|-----------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|           | Time |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Sunscreen |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
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|-----------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|           | Time |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
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A = Absent      O = Other (Please explain for each instance)