

Parental Consent Form for Sunscreen Application

Date: ____ / ____ / _____

Name of Child _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life. Therefore, I give my permission for the staff at _____ to apply Rocky Mountain (RMS)/Coral Isles Sunscreen SPF ____ to my child, as specified below, when he or she will be playing outside—especially during the month of April through September and between the hours of 10:00 am and 4:00 pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. I have checked below all applicable information regarding type and use of sunscreen for my child:

- I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to RMS/Coral Isles Sunscreen SPF _____.
- I give permission for your staff to apply RMS/Coral Isles Sunscreen SPF _____.
- NO. FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.

Parent's or Guardian's Full Name (Please Print): _____

Parent's or Guardian's Signature: _____