



Parent's/Guardian's Permission to Apply Sunscreen 2024-2025

(Name of Child) _____

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 personnel at the Swarthmore Presbyterian Nursery Day School to apply a sunscreen product of SPF-15 or higher to my child as specified below when he/she will be playing outside, especially during the months September/October and April/May. I understand that sunscreen may be applied to exposed skin, including but not limited to, the face, tops of ears, nose and bare shoulders, arms and legs.

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

- Staff may use the sunscreen provided by the school.

- Staff may only use the sunscreen I provide from home.

- I have completed a special care form regarding the use of sunscreen. Please follow directives on that form.

Parent/Guardian full name (print): _____

Parent/Guardian Signature _____ Date: _____