**Parent’s/Guardian’s Permission To Apply Sunscreen To Child**

(Name of Child)

As the parent or guardian of the above child I give my permission for personnel at Kensington Nursery School to apply a sunscreen product of SPF 15 or higher to my child as specified below.

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

* ❑I do not know of any allergies my child has to sunscreen.
* ❑ I have provided the following brand/type of sunscreen for use on my child: .
* ❑My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen (parent will provide): .
* ❑For medical or other reasons please do not apply sunscreen to these areas of my child’s body: .

Parent/Guardian full name (print):

Parent/Guardian signature: Date: