

# Les Petits Angels

Infant, Toddler, Preschool Daycare



Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

## Sunscreen Authorization

As the parents/guardian of the child name above, I give my permission for Les Petits Angels Daycare to apply sunscreen to my child as specified below, when he/she will be engaging in outdoor activities. I understand that sunscreen may be applied to the exposed skin including but not limited to the face, tops of the ears, nose, and bare shoulders, arms and legs. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed, if a skin reaction is observed following of the sunscreen application by staff, the parent/ guardians will be notified promptly.

I have checked my choices regarding the type and application of sunscreen

- I will supply sunscreen for my child to be used as directed on the product container. I understand that the product container must be labeled with my child's name.
- I do NOT want sunscreen applied to my child.

Parent/ guardian signature \_\_\_\_\_ Date \_\_\_\_\_