

Ce Sunscreen Authorization

	Child's Name:		
	Date of Birth:		
	Parent/ Guardian Name:		
A. h or S ar	e application of sunscree otection with a full-spectrem (SPF) thirty (30) or greated. The center must apply so nother form of parent/gua	n or the use of another form of p um ultraviolet A/ ultraviolet B (U' <u>r</u> to their children's exposed skir unscreen, have the parent(s)/gu	tions from the parent(s)/guardian(s) for parent(s)/guardian(s) approved sun VA/UVB) rating of sun protection factor in prior to outside play year-round. ardian(s) apply sunscreen, or use or children prior to children going outside pel.
	School provided s	unscreen: Rocky Mountain Sun	screen Broad Spectrum 30 SPF
	Home provided su	nscreen:	
Е	By signing below, you are	acknowledging that:	
•		en to my child daily before or at according to the manufacturer's o	drop-off and understand the staff will directions.
•	I have checked ingredier known allergies to this p	•	is safe for my child and my child has no
•			l understand that this sunscreen will be s, arms, shoulders, legs, and feet.
T	This agreement is valid Au	ugust 1st, 2025 through July 31st	t, 2026
F	Parent/Guardian Signature:_		Date:
		OR	
		Sign below if you refuse consent	for sunscreen.
•	Do NOT apply sunscree	n to my child under any circumsta	ances.
F	Parent/Guardian Signature:		Date: