



Sun Screen Permission Form

Child's Name _____ Date _____

Name of Sunscreen _____

Please note: due to current Health Dept. Regulations Aerosol Spray lotions are not allowed.

I give my permission for personnel at Mountain Lakes Country Day School to apply the above named sunscreen product; **I have provided**, to my child, as specified below:

I understand that sunscreen may be applied when he/she will be playing outside during the months of April through September. Sunscreen will be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

Yes No **In the event my child runs out of sunscreen** I give my permission for the Staff to use *NO AD brand SPF 30 or higher* according to the directions printed on the bottle.

For medical or other reasons I **do not** want any sunscreen used on my child, I fully understand that exposure of unprotected skin may result in sunburn:

I hereby authorize **Mountain Lakes Country Day School** to administer the above sun screen as specified.

Parent Signature _____ Staff Signature _____