

Katie's Kids Learning Center

Parental Consent Form for Sunscreen Application 2024

Date: _____ / _____ / 2024

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life. Therefore, I give my permission for the staff at Katie's Kids Learning Center to apply **Rocky Mountain Sunscreen SPF 50** to my child, as specified below, when he or she will be playing outside, especially during the months of **April through September and between the hours of 9:00 AM and 5:00 PM**. I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child, and:

- I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to Rocky Mountain Sunscreen SPF 50.
- Staff may apply Rocky Mountain Sunscreen SPF 50, certified by the AMC Cancer Research Center as a top-quality sun protection product, to my child as described above. **There will be a one-time summer fee of \$10.**
- Staff may apply only the sunscreen that I have provided for them, not Rocky Mountain Sunscreen SPF 50.
- NO, FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.**

*****Please make sure to place a check mark in one of the above boxes*****

Parent or Guardian's Full Name (Please Print)

Parent or Guardian's Full Signature

Sunscreen Tracking Form

Date	Time	Initial	Date	Time	Initial	Date	Time	Initial