## **Katie's Kids Learning Center**

Parental Consent Form for Sunscreen Application

Date:/
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 Kid Learning Center to apply sunscreen to my child, as specified below, when he/she will be playing outside, especially during the months of April through September and between the hours of 9:00am and 5:00pm. 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 the applicable information regarding the type and use of sunscreen for my child, and:
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. 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.
There will be a one-time summer fee of \$15.
Staff may apply only the sunscreen that I have provided for them, not Rocky Mountain Sunscreen SPF 50.
☐ 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/Guardian's Full Name (Please Print):
Parent/Guardian's Signature:
For office use only.
Invoiced
Paid



## **Summer Sunscreen Form**

1602 Glenbridge Dr, Bloomington IL 61704 | (309) 663-5800 2003 Jacobssen Dr, Normal IL 61761 | (309) 268-9400

I hereby instruct the Katie's Kids Learning Center staff to administer sunscreen daily to my child before going outside and as needed while outside.

Sunscreen is to be applied from <b>April 2024</b> to <b>Sept</b> e	ember 2024
Child's Name	Date of Birth
Parent/Guardian Name	Daytime Phone Number (w/area code)
Parent/Guardian Signature	Date

## **Daily Record**

Date	Time	Initial									
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