

# Sunscreen Permission Form



Child's Name \_\_\_\_\_

I, \_\_\_\_\_ give my permission for the faculty and staff of ImagiNation Learning Center to apply California Baby Super Sensitive SPF 30+ Sunscreen on my child from May 1st - August 30th. I understand that this sunscreen will only be applied before going outside in the afternoon.

(I will responsible for putting sunscreen on my child in the morning).

I certify that my child has had no adverse reaction to ANY sunscreens. However, should any reactions occur while using California Baby Super Sensitive SPF 30+, I understand that the center will contact me immediately.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

