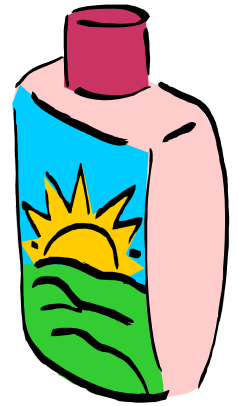


Sunscreen Permission Form



Child's Name:



I, _____ give
my permission for the faculty and staff of ImagiNation
Learning Center to apply California Baby Super Sensitive
SPF 30+ on my child from May 1 until September 15. I
understand that this sunscreen will only be applied before
going outside in the afternoon. (I will be 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