Authorization for Application of Sunscreen

I, __________________________________, do hereby authorize Great Start Readiness Program (GSRP) staff to topically apply any of the following NON-AEROSOL sunscreens listed below to my child _____________________________________.

(Print Child’s Name)

I understand that I must supply the sunscreen for my child (please put child’s name on bottle).

I will hold Great Start Readiness Program (GSRP), its district, its directors, its teachers, and its staff harmless in the event of any adverse reaction resulting from the application of any of the sunscreens below between the dates of

09/01/2020 and 05/31/2021

Authorized Sunscreens: Supplied by Parent

___________________________________________

___________________________________________

___________________________________________

___________________________________________

Parent Signature

___________________________________________

Date

Our program does not supply sun screen, the parent is responsible for providing non-aerosol sunscreen for their child.

These materials were developed under a grant awarded by the Michigan Department of Education