Authorization for Application of Sunscreen

I, ___________________________________, do hereby authorize the Preschool Development Program (PDP) staff to topically apply any of the following NON-AEROSOL sunscreens listed below to my child _____________________________.

(Print Parent/Guardian’s name) (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 Preschool Development Program (PDP) 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

09/1/2020 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.