

Permission to Administer Rocky Mountain Sunscreen, Kids Broad Spectrum, SPF 30

Sunscreen will be provided in its original container. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Exp. Date of Sunscreen: _____
**Center only*

Name of Sunscreen: Rocky Mountain Sunscreen, Kids Broad Spectrum, SPF 30

Amount: Apply liberally

From: ___/___/___ to: ___/___/___
**Center only*

Apply to:

When: Will be applied before going outside

all exposed skin

face only

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

Please fill out all fields except those for the Center (*), sign, and bring to the Front Desk.