

SUNSCREEN APPLICATION AUTHORIZATION (ORIGINAL)

Valid through _____

Sunscreen will only be administered if this form is filled out and signed by the parent or legal guardian. Sunscreen must be in the original container labeled clearly with the child's first and last name.

Name of sunscreen _____ When is sunscreen to be applied?

I authorize **Community Christian Preschool** to apply to my child, _____ the sunscreen listed above in accordance with the instructions above. I understand that Community Christian Preschool cannot be held responsible for any reaction my child may have to the sunscreen applied in accordance with my instructions, nor can they control or be held responsible for the effectiveness of said sunscreen.

(Signature of Parent or Legal Guardian)

(Date)

Please fill out both copies; one for the child's file, one to accompany the sunscreen.

SUNSCREEN APPLICATION AUTHORIZATION (COPY)

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