



## Permission To Apply Sunscreen

Child's Name: \_\_\_\_\_

I, the parent/guardian of the above named child, give permission for the staff of Widewaters Learning Center to apply the following sunscreen that I have provided for my child:

Name of Sunscreen: \_\_\_\_\_

Apply Sunscreen To:       All exposed skin  
    Face  
    \_\_\_\_\_

At the following times:  Before we go outside in the afternoon  
    Before afternoon water play  
    Before Outdoor Field Trips

**\*\*We will not apply sunscreen in the morning\*\***

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

This consent expire 1 year the date it was signed

Date Consent Signed: \_\_\_\_\_

Consent Expires on: \_\_\_\_\_