



SUNSCREEN PERMISSION FORM

Name of Child _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at RISE Center to reapply a sunscreen product that is broad spectrum with SPF 30 or higher to my child when he/she will be playing for extended time outside during the months of June and July. I understand that I will be responsible for providing sunscreen with my child's name clearly printed on the bottle. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. I will apply sunscreen to my child prior to arrival and RISE Center staff have permission to reapply. I have initialed all applicable information below.

_____ I will apply sunscreen to my child at home prior to coming to RISE Center. I give permission for RISE Center staff to reapply sunscreen throughout the day as needed.

_____ I do not know of any allergies my child has to sunscreen.

_____ My child has allergies to the following sunscreen brands: _____

_____ I have provided the following brand/type of sunscreen for use for my child. I have labeled the sunscreen with my child's full name. _____

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

Parent/Guardian full name (print) _____

Parent/Guardian signature _____ Date: _____