



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: _____