

Sunscreen Utilization Permission Form

Date _____

Name of Child: _____

As the parent or guardian of the above child, I give permission for staff at **IvyCrest Montessori Private School** to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 10:00 AM to 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I understand that Sunscreen, if needed, will be applied in the afternoon only. I agree to apply sunscreen to my child in the morning before coming to school.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

___ The staff of **IvyCrest Montessori Private School** has permission to only use the following type(s) SPF of sunscreen. The bottle is clearly labeled with his/her name. Please list type of sunscreen below:

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

Parent's full name (print): _____

Parent's Signature: _____