



PERMISSION TO APPLY SUN BLOCK

Dear Parents:

Please fill out the below information and send in sun block with your child's initials on it. We will keep the sun block in your child's cubby for daily use.

I am sending in sun block to be used for my child _____. I give you permission to apply it before going outside on sunny days.

The brand is _____. The SPF is _____. My child has used this brand before and has not had an allergic reaction.

Parent's Signature

Date