



## Permission to Administer Topical Sunscreen

Authorization must be provided for staff to apply over-the-counter sunscreen. *Spray sunscreen is recommended.*

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

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

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

From: 6/3/2024 to 8/2/2024

### Apply to:

- All exposed skin
- Face only

Other (please specify) \_\_\_\_\_

### When:

- Before going to outside activities
- Before swimming activities

Other (please specify) \_\_\_\_\_

I give permission to Prime Time staff to apply the sunscreen listed above as instructed.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_