

Kelly's Kids Parent/Guardian Permission to Apply Sunscreen Form

Name of child(ren): _____

As the parent/guardian of the above listed child(ren), I give permission for the staff of Kelly's Kids to apply sunscreen to my child when they will be playing outside, especially during the months of April through September and between the daily time of 10:00am and 4:00pm. I understand that sunscreen may be applied to exposed skin including the face (except around eyes), tops of ears, nose, bare shoulders, arms, legs, and back of necks.

I have checked below **all** applicable information regarding the application of sunscreen to my child (ren):

- I have provided sunscreen for my child (ren)'s use.
- I do not know of any allergies my child has to sunscreen.
- My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

Staff may use center sunscreen (Coppertone brand SPF 30 or higher) should my child run out of sunscreen.

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

I have **NOT** provided sunscreen for my child (ren)'s use. I understand the inherent risks that may be associated with my child not having sunscreen applied to them, and will not hold Kelly's Kids liable should my child obtain a sunburn due to limited sun exposure (30 minutes or less).

Parent/Guardian's name: _____ Date: _____

Parent/Guardian's signature: _____