

Sunscreen Permission Slip

Please make sunscreen application a part of your child's morning routine at home.

I give permission for the staff at Palo Alto Montessori School to assist my child with his/her application of sunscreen to exposed skin, including but not limited to the face, tops of ears, neck, shoulders, arms, legs and feet.

Sunscreen will not be applied to any broken or irritated skin. I will be notified if my child develops a skin reaction. It is my responsibility to provide sunscreen with a SPF of 15 or higher with my child's name clearly printed on the bottle. However, in the event that my child does not have sunscreen with them, the school may apply Babyganics SPF 50, or its equivalent to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

Additional Instructions: (check the options that applies to your child)

For medical or other reasons, please do NOT apply sunscreen.

My child may use the sunscreen provided by the school in the event that his/her own sunscreen is not available.

My child may NOT use any sunscreen other than the one that he/she brings to school.

(Sunscreen Name: _____ SPF: _____)

**Sunscreen bottle must be labeled with child's first and last name in permanent ink.*

Date: _____

Name of Student: _____

Parent/Guardian Signature: _____