Conejo Valley Unified School District Child Care
2801 Atlas Avenue, Thousand Oaks, CA 91360
(805) 492-3567 Fax: (805) 492-2302

Permission to Apply Sunscreen

Child's Name: _____

Dear Parents,

Please provide your child with sunscreen in a Ziploc bad clearly labeled with their name and *apply sunscreen prior to dropping your child off at school.* Based on the information you check below, we will do our best to apply it after 11:30 AM when the children will be outdoors.

As the parent/legal guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer. Therefore I give my permission for staff as CVUSD Child Care to apply a sunscreen product that I am providing to my child, as specified below, when he or she will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child.

☐ **DO NOT** apply any sunscreen to my child.

☐ My child has allergies to sunscreen.

☐ My child **DOES NOT** have allergies to sunscreen.

☐ I will apply sunscreen before arrival and do not want the Center Staff to apply sunscreen to my child.

☐ I request Center Staff to apply sunscreen to my child. The following brand/type has been provided:

_____

☐ My child is allergic to some sunscreens. Please ONLY use the following brand/type:

_____

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

_____

Parent Name: _____

Parent Signature: _____