

I permit the staff of Solid Foundations Academy Drop-In Child Care to apply sunscreen on my child.

YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am also aware that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will supply the sunscreen **(labeled with my child’s name) to the center and sign the medication log.** If personal sunscreen is not available for my child, I give permission for the SFA teachers/staff to apply the center’s sunscreen to keep my child healthy and safe.

I understand that it is my responsibility to update this form if I no longer wish to authorize the use of sunscreen. I agree that this form will remain in effect during the term of my child’s enrollment.

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 Parent’s/Guardian’s Signature Date



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