

**XYZ CHILDCARE CENTER:
PARENTAL CONSENT FORM FOR SUNSCREEN APPLICATION**

Date: _____ / _____ / _____

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life.

Therefore, I give my permission for the staff at _____ to apply Rocky Mountain Sunscreen SPF ____ to my child, as specified below, when he or she will be playing outside, especially during the months of April through September and between the hours of 10:00am and 4:00pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

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

I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to Rocky Mountain Sunscreen SPF ____.

Staff may apply Rocky Mountain Sunscreen SPF____, certified by the AMC Cancer Research Center as a top-quality sun protection product, to my child as described above.

NO. FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD FOR UNDER ANY CIRCUMSTANCES.

Parent's or Guardian's Full Name (Please Print):

Parent's or Guardian's Full Signature:

IMPORTANT!

Enclose RMS
Ingredients Listing
With Your Custom
Parental Consent Form.

NOTE: THIS IS A SAMPLE, AND IS MEANT TO BE SUGGESTIVE ONLY. AS WITH ANY LEGAL DOCUMENT, WE SUGGEST YOU CONSULT WITH YOUR LAWYER BEFORE IMPLEMENTING A PARENTAL CONSENT FORM FOR SUNSCREEN USE.