

**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 \_\_\_\_ 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.**