

(YOUR BUSINESS NAME)

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 (YOUR BUSINESS NAME) 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 below 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 ____**.
- I give permission for your staff to apply **Rocky Mountain Sunscreen SPF ____**, to my child as described above.
- NO. FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.

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

Parent's or Guardian's Full Signature: _____

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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.
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