**Little Saints Preschool**

**Permission to apply Sunscreen**

I give my authorization for Little Saints Preschool to apply a sunscreen broad spectrum SPF 15 or higher provided by the program to all exposed skin on my child throughout the day as needed.

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Signature Date

**-------OR--------**

\_\_\_\_\_\_ I will provide the sunscreen as described above and authorize Little Saints

Preschool to only apply the sunscreen I have provided.

I understand that sunscreen is considered a medication and that expired medications are absolutely never allowed on site at any time. If the sunscreen I have provided expires, I understand that it will be disposed of immediately and I may be required to bring in a new tube or container of sunscreen. I will take full responsibility for checking my child’s supply and /or checking my parent mail box to ensure there is a sufficient supply and that the sunscreen I provided has not expired and is not in danger of expiring.

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Signature Date