



Sunscreen Permission Form

Date: _____

Name of Participant _____

Our staff members will assist with applying sunscreen to bare skin surfaces including the face, tops of ears, bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Special Instructions:

My child may use the sunscreen provided by Easter Seals programs (Children's Sunscreen will be: broad spectrum, SPF 50 lotion, water resistant to at least 80 minutes, hypoallergenic, PABA free, fragrance free and gluten free)

_____ I will provide sunscreen for my child (Please label) I do

_____ not want my child to use sunscreen

Parent name completing form (please print)

Parent signature/Date

This permission form expires one year after it is signed by the parent.