

Incredible Kid Academy
1255 Oxford Rd
New Oxford PA 17350

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child(ren): _____ (last, first)

Name of Sunscreen and SPF # supplied to Incredible Kid Academy:

_____ (please label w/ your child's name)

Parents/Guardians: please apply sunscreen to your child every morning before dropping off, between the months of March and October; but especially the summer months of June-Aug.

As needed throughout the day, the staff at Incredible Kid Academy will apply sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. 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.

_____ I do not want my child to use any sunscreen other than the one that she/he brings.

_____ In the event that my child's sunscreen is not available, my child may use the sunscreen provided by the school.

_____ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body.

Parent Signature _____ Date _____