

Sunscreen Utilization Permission Form

Date: _____

Name of Child _____

As the parent of guardian of the above child, I give my permission for staff at:

**OUR LADY OF PERPETUAL HELP (OLPH) CATHOLIC SCHOOL & PRESCHOOL,
RIVERSIDE, CA (DIOCESE OF SAN BERNARDINO)**

To apply a sunscreen product of SPF15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 10 a.m. to 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The staff of OLPH _____ may use the

Sunscreen of their choice, in keeping with applicable federal and state standards,

Except for the following (if specified): _____

_____ Only use the following type(s)/SPF of sunscreen: _____

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

Parent's Full Name (print): _____

Parent's Signature: _____