



Permission Slip for child to self-apply sunscreen.

(Name of Child) _____

As the parent or guardian of the above child I give permission to self-apply sunscreen while attending the fall 2020 - Distance Learning Enhancement & Activities Program as needed. Staff will not apply sunscreen. Children may not share with others. Sunscreen must have your child's name on it and remain in backpack.

I have provided the following brand/type of sunscreen for my child. _____

Parent/Child Full Name (Print): _____

Parent/Child Signature: _____

Date: _____