



Sunscreen Permission Slip

Date: _____ Name of Child: _____

I give the staff at Knottin School OSCC permission to apply sunscreen that is provided (Coppertone Sensitive Skin SPF50). I understand that my child's teacher will be applying sunscreen to exposed skin including his/her head, face, neck, ears, bare shoulders, bare back or exposed tummy, arms, and legs.

I understand that the application of sunscreen will take place 15-30 minutes before going outside; if more than 1 hour go by, sunscreen will be re-applied.

- My child is allergic to some sunscreens. Please ONLY use the sunscreen I have provided.
Sunscreen Name: _____ SPF: _____

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

Parent/Guardian Signature: _____ Date: _____

NOTE:DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER

WEAR A HAT, COVER WITH LIGHT CLOTHING, HYDRATE & SEEK SHADE

****PLEASE NO TANK TOPS/SPAGHETTI STRAPS - IF A CHILD SHOWS UP IN A TANK TOP/SPAGHETTI STRAPS WE WILL PUT A TSHIRT ON THEM FOR ALL OUTDOOR PLAY***