

# Sunscreen Request Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Brand of Sunscreen \_\_\_\_\_

Dates For Administration \_\_\_\_\_ To \_\_\_\_\_

**\* Please be sure to apply sunscreen before arriving at school,  
as we will re - apply it at 3:30 pm daily. \***

I give permission to apply sunscreen to my child as indicated above.

\_\_\_\_\_  
Parent Signature and Date

