

**PHOTO RELEASE AND
SUNSCREEN PERMISSION FORM**

I give permission for the personnel at Poway Country Preschool to administer sunscreen products

to my child, _____.
(name of child)

I understand that sunscreen may be applied to exposed skin, including the face, tops of ears, bare shoulders, arms and legs.

I have checked all applicable information regarding the type of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.

- Staff may use the sunscreen of their choice following the products instructions.

- My child is allergic to some types of sunscreens. I have provided the following brand/type of sunscreen for use on my child. _____

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

Parent's Name (print) : _____

Parent's Signature: _____

Date: _____