



Parent's/Guardian's Permission to Apply Sunscreen and/or Bug Spray to Child

Student: _____ Date: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give permission for personnel at: **YPW Spanish Immersion School** to apply sunscreen product of SPF-15 or higher to my child and bug spray, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 am and 4 pm. I understand that sunscreen and bug spray may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen and bug spray for my child:

Sunscreen

- ☐ I do not know of any allergies my child has to sunscreen
- ☐ I have provided the following brand/type of sunscreen for use on my child.

Please note you need to provide the sunscreen to be used on your child.

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

Bug Spray

- ☐ I do not know of any allergies my child has to bug spray
- ☐ I have provided the following brand/type of bug spray for use on my child

Please note you need to provide the bug spray to be used on your child.

- ☐ For medical or other reasons, please do not apply bug spray to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____ Date: _____