

MEYER CENTER FOR SPECIAL CHILDREN

Child's Name: _____

SUNSCREEN CONSENT FORM

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Meyer Center for Special Children to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside. I understand that sunscreens will be applied to exposed skin approximately 20-30 minutes before going outside, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have checked and initialed below all applicable information regarding the choice in brand/type and use of sunscreen for my child:

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

_____ My child is allergic to some sunscreen. Please use ONLY the following brand/type of sunscreen I have provided for my child: _____

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

Brand to be used by Meyer Center:

"Rocky Mountain Sunscreen SPF 30+". Kids friendly, hypoallergenic and free of PABA, fragrance, wheat, gluten, glycol, and nut oils.

Parent/Guardian's Name: _____

Signature: _____ Date: _____

**This consent must be renewed each year.