

Charlottesville Day School

Consent to Apply Sunscreen

Virginia State Codes for licensed child day programs require that over-the-counter skin products be used in accordance with the manufacturer's recommendations and shall not be kept or used beyond the expiration date.

CHILD'S NAME _____

DATE _____

I WISH TO HAVE SUNSCREEN APPLIED TO MY CHILD BEFORE EXPOSURE TO THE SUN: _____ YES

PLEASE BRING IN A CONTAINER OF SUNSCREEN PROPERLY LABELED, WITH YOUR CHILD'S NAME, AND COMPLETE THIS FORM.

Staff members of Charlottesville Day School have my permission to apply sunscreen to my child:

NAME OF SUNSCREEN: _____

AMOUNT TO BE APPLIED _____

TIME TO BE APPLIED: 20 TO 30 MINTUES PRIOR TO SUN EXPOSRE

ANY SPECIAL INSTRUCTIONS _____

KNOWN ADVERSE REACTIONS:

ACTION TO BE TAKEN IF SIDE EFFECTS OCCUR: _____

PARENT/GUARDIAN EMERGENCY CONTACT PHONE NUMBER _____

This authorization is in effect until _____.

SIGNATURE _____ **DATE** _____
Parent/Guardian