



## **Sunscreen Utilization Permission Form**

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent or guardian of the above child, I give permission for the staff at *The Lighthouse Center for Infants* to apply the sunscreen I provide (labeled with child's name) when he/she engages in outdoor activities (especially during the months of April through September), I understand sunscreen may be applied to exposed skin, including, but not limited to the face, tops of ears, nose, shoulders, arms and legs.

Father or Guardian's Signature: \_\_\_\_\_

Mother or Guardian's Signature: \_\_\_\_\_