



## SUNSCREEN CONSENT FORM

**Child's Name:** \_\_\_\_\_

- I will provide BVCP with sunscreen to apply to my child  
 Name of sunscreen \_\_\_\_\_
  
- Please apply BVCP provided sunscreen to child.  
 I will pay a \$5 fee at the Member Services Desk.
  
- I do not want sunscreen applied to my child at anytime

I, \_\_\_\_\_ parent/guardian  
 authorize the above information of sunscreen consent for my child as indicated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

- Medication Form completed
- Name of child on sunscreen container  
 (both must be checked to administer)

Date	Time	Sunscreen	Staff Signature