



SUNSCREEN CONSENT FORM

Child's **Name:** _____

- ☐ I will provide **BVCP** with sunscreen to apply to my child. **(Please provide spray on sunscreen)**
- ☐ Name of sunscreen _____
- ☐ 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