

## Sunscreen Permission

I, \_\_\_\_\_, give First Lutheran EEC permission to apply  
Parent/Guardian  
sunscreen to my child, \_\_\_\_\_, during all outdoor  
Child's Name  
activities. I will provide a sunscreen with a sun protection factor (SPF) of 30 or more.

Please consult your physician prior for any possible side effects due to medications. If a specific sunscreen is required, due to allergies, please let us know.

My authorization for sunscreen application is given for three (3) years and will not be valid after this period, unless I renew this authorization.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Lutheran EEC staff signature

\_\_\_\_\_  
Date