Sunscreen Permission Slip

| I give permission to the LMACCC staff to administer sunscreen to the | • |
|---|----------------------|
| child,, whenever my child will b indicated below: | e playing outside as |
| indicated below. | |
| | |
| \square School-provided generic SPF #30 or above sunscreen lotion | |
| Or | |
| ☐ Sunscreen provided by home | |
| Or | |
| \square Both school-provided and home provided sunscreen (please specif | y the usage of each |
| product e.g. school sunscreen only when home sunscreen is not availa | ble) |
| Details of sunscreen usage: | |
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| | |
| Signature of Parent/Guardian | Date |