

CHILDREN'S DISCOVERY CENTER

SUNSCREEN PERMISSION FORM

Child's Name: _____ Age: _____

HAS PERMISSION TO HAVE SUNSCREEN

NO Aerosol Cans Allowed

Brand Name: _____

Applied Where: _____

Times per Day: _____

Specific Times: _____

Parent's Signature

Date

This authorization is valid from _____ to _____.

1 Year Expiration