

Sunscreen – Sunblock Release Form

Date

Child's Name

My child may apply his/her own sunscreen/sunblock _____
Name of Sunscreen

Parents: You will be notified immediately about any problems that may arise because of the application of the sunscreen/sunblock. **Please realize** that we will do our best to apply sunscreen/sunblock on a regular schedule. However, circumstances may arise that may result in an irregular schedule.

Reminder: We do not apply sunscreen until the afternoon so please apply sunscreen before your child comes to school.

I give my permission for Canyoncito Montessori School staff to apply and or supervise sunscreen/sunblock to my child.

Parent(s) Signature