



Child Care & Learning Center
609-404-4700
www.ChildrenAcademynj.com

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SUNSCREEN AUTHORIZATION FORM



I, _____, do hereby authorize Children Academy staff to topically apply any of the sunscreens listed below to my child, _____, between the dates of _____/_____/_____ and _____/_____/_____. I will hold Children Academy and its staff members harmless in the event of any adverse reaction resulting from the application of any of the sunscreens listed below.

Names of Sunscreens Authorized (**PLEASE BE SPECIFIC**):

- _____
- _____
- _____

Parent's Signature

Date

PLEASE SUBMIT YOUR COMPLETED SUNSCREEN FORM TO MS. BRIDGET OR DROP IT IN THE "PAYMENT BOX." PLEASE DO NOT SUBMIT YOUR FORM TO YOUR CHILD'S TEACHER. THANKS!

