



213 E. Jimmie Leeds Road ♦ Galloway, NJ 08205 ♦ 609.404.4700 ♦ F 609.404.4711



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 ____/____/____ (for example: between the dates of 06/01/16 and 09/02/16).

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; if the specific name(s) of the sunscreen(s) is/are not written below, we will not be able to apply sunscreen to your child):

- _____
- _____
- _____

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!

