



Permission to Administer Sunblock Lotion

I permit Queen Anne Community School staff to apply **Coppertone Kids** Sunblock lotion to my child, _____, prior to going outside.

Parent/Guardian's Name (printed)

(parent signature) (date)

If I do not want Sunblock applied to my child at Queen Anne Community School, I agree to apply sunscreen to my child prior to coming to school. I realize most sunscreens need to be reapplied after 6 hours. I take responsibility for the possibility of the sunscreen losing its effectiveness.

Parent/Guardian's Name (printed)

(parent signature) (date)

I give permission for my child to apply his/her own sunscreen, supplied by me. I take responsibility for the effectiveness of this sunscreen, and my child's application thereof.

Parent/Guardian's Name (printed)

(parent signature) (date)