



Authorization for the Application of Sunscreen

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

Name of Sunscreen Authorized:

(Parents Provide Sunscreen. Please label with your child's name 😊)

Parent Signature

Date