

SUNSCREEN POLICY AGREEMENT

for HALF-DAY STUDENTS

Child's Name: _____

BACKGROUND: The American Academy of Pediatrics recommends the use of sunscreen for children six months and older during any outside play for the prevention of skin cancer.

AGREEMENT:

As the parent or guardian of a half-day (morning only) student at Little Treasures, I understand that Little Treasures staff will NOT apply sunscreen to my child.

I take full responsibility for my child's sun protection and release Little Treasures Preschool from this responsibility.

I understand that it is highly recommended that I apply sunscreen to my child daily prior to arrival at preschool.

PARENT or GUARDIAN SIGNATURE

DATE

FULL-DAY STUDENT SUNSCREEN AGREEMENT:

SELECT AN OPTION:

As the parent or guardian of a full day student at Little Treasures, I understand that Little Treasures staff will NOT apply sunscreen to my child. I take full responsibility for my child's sun protection and release Little Treasures Preschool from this responsibility.

OR

As the parents or guardian of a student at Little Treasures Preschool, I will abide by all of the **REQUIREMENTS FOR USE OF SUNSCREEN AT LITTLE TREASURES** as detailed below:

REQUIREMENTS FOR USE OF SUNSCREEN AT LITTLE TREASURES

- 1) I will apply sunscreen to my child prior to his or her arrival at preschool each day.
- 2) Daily, I will provide Little Treasures with written verification indicating when sunscreen was applied.
- 3) I will provide Little Treasures with two containers of sunscreen (full spectrum UVA/UVB with an SPF of 30 or greater) in the original container labeled with my child's first and last name. Only stick/solid and or spray-on sunscreens – no lotions.
- 4) *It is my responsibility to check the ingredients of the sunscreen I provide to make sure my child is not allergic to the sunscreen.*

I give my permission for the staff at Little Treasures Preschool to apply or assist with applying sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities.

My child may NOT use any sunscreen other than the sunscreen which I have supplied and labeled.

CHILD NAME _____

PARENT or GUARDIAN SIGNATURE

DATE