

# Appendix T

## Sun Safety Permission Form

Please provide the following materials and give our staff permission to use the indicated measures to help your child stay safe in the sun while in our care:

I \_\_\_\_\_  
NAME OF PARENT(S)/LEGAL GUARDIAN(S)

agree to supply the following for my child \_\_\_\_\_ :  
LEGAL NAME OF ENROLLED CHILD

1. Wide-brimmed ( $\pm 3$ " brim) hat that shades the face, ears, and neck
2. Child-sized sunglasses, polycarbonate or impact-resistant, labeled with 99% to 100% UV lens protection, or prescription glasses with UV protective coating
3. Broad-spectrum (UVA and UVB), PABA (preferably alcohol) free sunscreen, SPF 15 or greater, that is not an aerosol or spray (or participate in our facility's bulk purchase of sunscreen by paying \_\_\_\_\_ for purchase of  
\$X.XX

\_\_\_\_\_  
BRAND-NAME SUNSCREEN

4. Lip balm with SPF 15 or greater
5. Light-colored, lightweight, tightly woven, long-sleeved shirts and long pants

I give permission for my child to receive applications of sunscreen following the manufacturer's instructions.

I understand that sunscreen will be applied 15 to 30 minutes before going outside and every two (2) hours as recommended by the manufacturer.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN (PRINT)

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN (SIGNATURE)

\_\_\_\_\_  
FACILITY (EARLY LEARNING OR SCHOOL-AGE PROGRAM)

\_\_\_\_\_  
DATE

Sun Safety Permission Form shall remain in effect unless \_\_\_\_\_  
receives written changes. TITLE/NAME OF STAFF MEMBER

(A physician's signature should not be required for the use of sunscreen. However, if state regulations require a health care professional's signature on this form, add it here.)

\_\_\_\_\_  
HEALTH CARE PROFESSIONAL (SIGNATURE)

\_\_\_\_\_  
DATE

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Based on a form in the Sun Safety Self-Learning Module at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org).