

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at child care centers. Please read the following regarding use and application of sunscreen school. The authorization statement must be completed and submitted along with sunscreen labeled for your child, if you would like your child to wear sunscreen at school.

Please complete and sign below.

Students's Name: _____

Students's Age: _____

Brand of Sunscreen: _____

SPF: _____

Expiration Date: _____

I give permission for members of The Banner School Staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so.

_____ Parent/Guardian's Printed Name

_____ Parent/Guardian's Signature

_____ Date

OR

I DO NOT give permission for The Banner School Staff to assist in applying sunscreen to my child.

_____ Parent/Guardian's Printed Name

_____ Parent/Guardian's Signature

_____ Date