

**Sacramento Adventist Academy  
Early Childhood Education Center  
5601 Winding Way  
Carmichael, CA 95608**

**SUNSCREEN UTILIZATION PERMISSION FORM**

Name of Child: \_\_\_\_\_

As the parent/guardian of the above child, I give my permission to the staff of Sacramento Adventist Academy Early Childhood Education Center to apply a sunscreen with SPF 15 (or Higher) to my child as specified below when he/she is engaged in outdoor activities especially during the months of April through September and between the daily times of 10:00 a.m. to 6:00 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

I also understand my child's possible allergic reaction to the product and the possible skin problems that can result from failure to use sunscreen when outdoors.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

\_\_\_\_\_ The staff of SAAECEC may use sunscreen of their choice, in keeping with applicable federal and state standards, except for the following (if specified):  
\_\_\_\_\_

\_\_\_\_\_ Use only the following type (s)/SPF sunscreen which I have provided:  
\_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:  
\_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_