



Dear Parents/Guardians:

If you would like your child to wear sunscreen, we will need you to supply us with the sunscreen. Please make sure the sunscreen bottle is labeled with your child's name. There will be no center sunscreen.

Please read and sign the attached permission slip. Thank you for your cooperation.

Deborah Berry-Toon, MSW

Executive Director

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I give my permission for my child to apply the sunscreen I have provided for my child:

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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