



Sunscreen Consent Form

Child's Name: _____

Brand name and strength of sunscreen you are providing:

**Must be lotion, not aerosol (spray on) sunscreen per
WAC 110-300-0240-2d.**

I authorize Country Dawn staff to administer or assist my child in administering sunscreen , as necessary for protection against sun exposure during outside activities. I understand that this authorization is to remain in effect until resigned by me.

Sunscreen is considered a non-prescription medication and as such may only be administered in accordance with instructions provided by the manufacturer on the label. The sunscreen you provide must be labeled with the child's name. Sunscreen must be turned into your child's teacher along with this form. If the sunscreen you provide runs out, Country Dawn will provide Coppertone Kids, SPF 50 until you bring a new sunscreen.

Parent/Guardian printed name _____

Parent/Guardian signature _____ Date _____