

Allegany County  
School Health Nursing Division



## Consent for Sunscreen Application

I give my permission for teachers/staff members to apply sun screen to my child: \_\_\_\_\_ . I understand the sunscreen will only be applied to ears, neck, arms, hands and lower legs if necessary. I will provide a hat to protect my child's face from sun exposure, or apply sunscreen to the face prior to school.

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