



American River College Child Development Center

American River College • 4700 College Oak Drive • Sacramento, California 95841 • 916.484.8651

Sunscreen Permission Form

Child's Name: _____

As the parent/guardian of the above child(ren), I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer in the future. Therefore, I give permission for the staff at American River College Child Development Center to apply sunscreen to my child.

I understand that I am responsible for providing my own sunscreen, labeled with my child's name.

Staff may apply sunscreen to exposed skin, including but not limited to: face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

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

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Adapted from the California Early Childhood Sun Protection Curriculum (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services (http://www.dhs.ca.gov/cpns/skin/skin_resources.html)