DISCOVERY ISLE®
CHILD DEVELOPMENT CENTER

SUNSCREEN AUTHORIZATION

Child's Name: _____ For the Month of: _____

I authorize the staff of Discovery Isle Child Development Center to administer sunscreen to my child. I understand that I am responsible for providing the sunscreen, labeled with my child's name, and applying it in the morning. The teacher will then re-apply in the afternoon before going outside.

_____ _____
Parent's Signature Date

Teacher's Log

Date: _____	Time: _____	Initial: _____
Date: _____	Time: _____	Initial: _____
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Date: _____	Time: _____	Initial: _____

NOTE: This form can be used for up to **one month** of sunscreen application at a time.