



## **SUNSCREEN AUTHORIZATION FORM**

STUDENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

BRAND OF SUNSCREEN	
TYPE OF SUNSCREEN	** SPRAY ONLY **

### **PARENT/GUARDIAN OPTIONS (PLEASE CHECK ONLY ONE):**

I WILL ALLOW TEACHERS OF SAME SEX TO HELP MY CHILD APPLY SUNSCREEN/REPELLENT. \_\_\_\_\_ (INITIALS)

I WILL **NOT** ALLOW TEACHERS OF SAME SEX TO HELP MY CHILD APPLY SUNSCREEN/REPELLENT. \_\_\_\_\_ INITIALS)

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

DAY TIME TELEPHONE NUMBER: \_\_\_\_\_