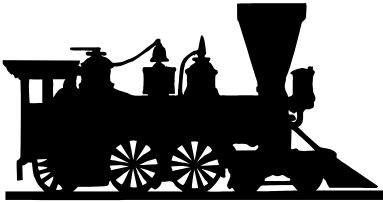


SUNSCREEN PERMISSION SLIP



**Imagination Station Preschool and Childcare Center
7 Marin Street
Willits, CA 95490
707-459-6543**

Name of Child: _____

I give Imagination Station Preschool and Childcare Center permission to administer sunscreen to my child _____. I will provide sunscreen with my child's name written on the bottle. I will verbally notify the Teacher/Director when my child needs sunscreen and will make every effort to apply sunscreen before my child arrives at school. All sunscreen is kept in the locked kitchen near the first aid kit.

Please initial below:

_____ I do not know of any allergies to my child may have to sunscreen.

_____ My child is allergic to some sunscreens. List _____

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

Parent/Guardian's Name: _____ Date: _____

Signature: _____

Health Care Provider Signature (optional): _____