

EASTCONN Early Head Start & Head Start Sunscreen Permission

I hereby request that an EASTCONN Early Head Start and Head Start staff member administer a non-prescription SUNSCREEN to my child.

Child's Name: _____ Date of Birth: _____

Address: _____

Sunscreen 50 SPF UVA/UVB Protection, PABA Free, applied as needed to prevent sunburn on exposed area of skin.

Schedule of Administration: Apply topically to exposed skin as needed for outdoor play.

**Sunscreen shall be administered from:
August 27, 2020 – June 30, 2021**

Reason for which Sunscreen is being administered: Protect child's skin from sunburn and other harmful effects of sun exposure.

I have used Sunscreen on my child without adverse side effects.

Name of Parent/Guardian: _____ Date: _____

Signature: _____ Relationship to Child: _____

Please Note: No Sunscreen will be applied to children under 6 months of age.