I give the staff at the UC Merced ECE Center to apply sun screen to my child’s exposed skin as needed for this program year.

______________________________  ________________________________
Child’s Name                              Parent’s Signature          Date

I understand that the Center provides UVA and UVB sun screen for children with an SPF of 15 or above and I give them permission to apply this to my child as needed.

______________________________  ________________________________
Initial                              Date

**OR**

I will provide my own sun screen for my child. It will be in its original container labeled with my child’s name on it. I also understand that it should have the minimum requirements as listed above for full sun protection. This sun screen will be given to the teachers and not left where my child can self administer.

______________________________  ________________________________
Initial                              Date