

**Sunscreen/Sun block Application Permission Form**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

Please circle either yes or no for the statement below.

Yes NO I \_\_\_\_\_ give the teacher of  
(Parent/guardian)  
\_\_\_\_\_ permission to apply sunscreen/sun block SPF 15 or  
(Student)  
higher to areas of exposed skin except eyelids, before exposure to the sun  
and every 2 hours while in the sun.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**Theresa VanEldik RN, BSN**  
**4/29/2011**