

Authorization of Sunscreen

Please complete & return with the Sunscreen

Child's Name: _____

Product Name (exactly as it appears on bottle): _____

SPF: _____

Expiration date: _____

Specific Instructions:

I authorize an English Rose Staff member to apply sunscreen to my child according to the instructions above. I understand that I am responsible for applying the first application of sunscreen directly prior to my child coming to school.

Signature: _____ Date: _____