

BALLESTRINI'S CHILD CARE CENTERS

Parent/Guardian Authorization for the Administration of Non-Prescription Sunscreen by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical sunscreen be administered to my child by a child care staff member of **Ballestrini's Child Care Centers**.

Name of Child: _____ Date of Birth: _____

Name of Sunscreen: BANANA BOAT SPORT

Site of Administration: BODY PARTS EXPOSED TO SUN

Schedule of administration: BEFORE AFTERNOON OUTDOOR PLAY- OR WHEN DEEMED NECESSARY BY BALLESTRINI'S STAFF- PARENTS WILL APPLY SUNSCREEN IN THE MORNING.

Name of Parent/Guardian _____ Date: _____

Signature: _____ Relationship to child: _____

**SUNSCREEN WAIVER : DO NOT APPLY SUNSCREEN TO MY CHILD
_____ UNDER ANY CIRCUMSTANCE.**

I understand that Ballestrini's Child Care assumes no responsibility for my child's risk of too much sunlight as a result of not permitting Ballestrini's staff to apply a sun protection product.

Name of Parent/Guardian _____ Date: _____

Signature: _____ Relationship to child: _____