

SUNSCREEN UTILIZATION PERMISSION FORM

Fairmont Private Schools - Summer Program 2010

Date: ____________

Name of Child: _____

As the parent or guardian of the above child, I give my permission for staff at Fairmont Private School to apply a sunscreen product of SPF 15 or higher to my child, as specified below, on a daily basis and specifically when he or she will be engaging in outdoor activities especially during the months of June through August and between the daily times of 7 am and 6 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

I am sending to the school a supply of sunscreen (REQUIRED BY SCHOOL FOR EACH STUDENT ENROLLED IN THE SUMMER PROGRAM) with my child's name on it and I am providing my directions for the application of said sunscreen below:

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

I have specific directions for the application of the family provided sunscreen as follows:

I understand that when the bottle I have provided is empty the Fairmont Summer staff will return the empty bottle to me and I will replace it with a new bottle of SPF sunscreen for on my child.

Parent's full name (print): _____

Parents Signature: _____ Date: _____

Office Use Only: Date Received: _____

Checked in by Staff Member _____

Please complete form and return it to:

Fairmont Summer Program | 1575 W. Mable Street, Anaheim, CA 92802 | 714.765.6300 | www.fairmontschools.com