



Merryhill
School®

SUNSCREEN FORM 2021

I give permission for my child (first & last name) _____

to have sunscreen applied by his/her teacher.

I have provided the following brand/type of sunscreen for use for my child:

Sunscreen Name: _____

Sunscreen Expiration Date: _____

Please check the appropriate circle: **Please apply sunscreen on my child:**

- Before morning recess
- Before afternoon recess
- both

Parent's Signature _____

Date _____

****You must provide a labeled bottle of sunscreen along with this signed form to your child's teacher****