30 North Main Street
Thomaston, CT 06787
(860) 283-0791
playandlearnk@yahoo.com
playandlearncdc.com

I hereby request that the following sunscreen be applied to my child by a staff member of Play and Learn Child Development Center.

I understand that I must supply Play and Learn CDC with the sunscreen in the original container labeled with my child's name and directions of the sunscreen administration as outlined in this form. I also understand that if my child is not supplied with sunscreen and the accompanying form, my child may not go outside to play, unless I decline to have sunscreen applied to my child below.

I decline to have sunscreen applied to my child. ☒ Yes, I decline

_____

_____

Parent Signature Date

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Sunscreen : _____ Expiration Date: _____

Sunscreen shall be applied from _____ to _____

Schedule of Administration: _____

Site of Administration: _____

I have administered at least one application of the above sunscreen to my child and have not experienced any adverse side effects.

_____

_____

Parent's Signature Date

Name of Parent: _____ Relationship to Child: _____

Address: _____ Phone: _____

I will apply sunscreen to my child before they arrive at Play and Learn CDC.

☒ Yes, I will apply ☒ No, I will not apply

_____

_____

Parent's Signature Date

Date	AM	PM	Name of Staff applying	Comment