



# Vidyarambh

## SUNSCREEN PERMISSION FORM

2931 El Camino Real  
Santa Clara CA 95051  
Phone: 408-758-8192  
[www.vidyarambh.org](http://www.vidyarambh.org)

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I give Vidyarambh permission to administer sunscreen to my child. I will provide sunscreen with my child's name written on the bottle. I will verbally notify the Teacher/Director when my child needs sunscreen and will make every effort to apply sunscreen before my child arrives at school. 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.

Please initial below:

\_\_\_\_\_ I do not know of any allergies to my child may have to sunscreen.

\_\_\_\_\_ My child is allergic to some sunscreens. List \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_