



VALLEY VIEW
Early Learning Center

Valley View Early Learning Center Sunscreen and Lotion Consent Form

Child's Name: _____

Teacher's Name: _____

Sunscreen

Permission to apply Sunscreen as needed:

I do consent

I do not consent

_____ I have provided VVELC with a non-spray sunscreen that is SPF 30 and above.

Brand of Sunscreen Provided: _____.

_____ It has been labeled with my child's first and last name.

Lotion

Permission to apply Cetaphil lotion as needed:

I do consent

I do not consent

VVELC will provide Cetaphil. If needed, please provide us with a preferred lotion to use during school hours. Please label the lotion with your child's first and last name.

(Signature of Parent/Guardian)

(Date)