**Sunscreen Lotion**

**Authorization**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Albuquerque Nursery School is hereby authorized to apply any sunscreen supplied by me at the times my child is to be taken outside during the months of April through October of the year 2018. I hold Albuquerque Nursery School harmless as the result of sunscreen applications in accordance with instructions on the sunscreen’s container.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**Sunscreen Lotion**

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Parent/Guardian Signature