Parent’s/Guardian’s Permission to Apply Sunscreen to Child

Name of Child: ________________________________________________________________________

As the parent or guardian of the above child, I give permission for the staff at Tualatin Hills Park and Recreation District to apply a sunscreen product on my child at the hours of 10:00am, 12:00pm, 2:00pm & 4:00pm, specifically when he or she will be engaging in outdoor activities. 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. Additionally, I have checked all applicable information regarding the type and use of sunscreen for my child:

- [ ] Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- [ ] I have provided the following brand/type of sunscreen for use on my child and it is labeled for my child’s use: ___________________________________________________________________________________
- [ ] For medical or other reasons, please do not apply sunscreen to the following areas of my child’s body: ___________________________________________________________________________________
- [ ] I do not know of any allergies my child has to sunscreen.

Parent/Guardian full name (print): __________________________________________________________

Parent/Guardian signature: __________________________________ Date: __________

Parent’s/Guardian’s Permission to OPT OUT of the use Sunscreen

Name of Child: ________________________________________________________________________

As the parent or guardian of the above child, I do not authorize permission for the staff at Tualatin Hills Park and Recreation District to apply a sunscreen product on my child when he or she will be engaging in outdoor activities.

Parent/Guardian full name (print): __________________________________________________________

Parent/Guardian signature: __________________________________ Date: __________