

217 Root Road, Westfield MA. 01085

(413) 562-1767

**Sunscreen Permission Form**

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

I give permission for the staff of Roots Learning Center to apply sunscreen to my child as needed throughout the school day. I understand that I must supply the sunscreen and label it with my child’s name.

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

 Parent’s Signature Date

\*This form will expire one year from date signed.