



**Montessori School of Cherry Creek  
Medical and Dental Record  
Phone: 303-627-2715 fax: 303-627-9482**

**Sunscreen Permission Form**

**Date**\_\_\_\_\_

**Child's Name**\_\_\_\_\_

I give the Montessori School of Cherry Creek and its employee's permission to apply the provided sunscreen on my child.

**Please note\*:** Sunscreen will not be applied to areas of any broken skin or if a skin reaction has been observed. If any skin reaction has been observed, the staff will report it promptly to the parent/guardian.

If your child is allergic to the **Banana Boat for Kids, Waterproof SPF 30** or the **Rocky Mountain SPF 30** brands, you will need to provide sunscreen for your child.

**Signature of parent or guardian:**

\_\_\_\_\_ **Date**\_\_\_\_\_