



**SUN BLOCK PERMISSION**

\_\_\_\_\_ give the staff at Busy Bee Preschool  
(please print name clearly)  
permission to apply \_\_\_\_\_ sun block to my child \_\_\_\_\_  
(Brand or SPF) (child's name)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Signature. \_\_\_\_\_ Date. \_\_\_\_\_

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