***Sun Protection Policy and Sunscreen Authorization***

Child Care Facility:

Our Sun-Smart policy has been developed to ensure that all children and staff are protected from skin damage caused by the harmful UVB and UVA rays of the sun. The following sun protection measures will be followed May through September.

1. Staff and children are encouraged to wear hats and sun protective clothing.
2. Staff are encouraged to wear sunglasses that block 100 percent of UVA and UVB rays whenever they are outside.
3. Our playground has shelter and/or trees to provide shade.
4. Children and staff are encouraged to use shaded areas when outside between the hours of 10 a.m. and 4 p.m.
5. Outdoor activities will be scheduled *before* 10 a.m. and *after* 4 p.m. whenever possible. The availability of shade will be considered when planning excursions and outdoor activities during these times.
6. Children will be encouraged to drink water before and during outdoor activities in warm weather.
7. Children over 6 months of age will have SPF 30 or higher sunscreen applied to exposed skin, except eyelids, 15-30 minutes before exposure to the sun and every two hours while in the sun.
8. Parents/guardians will complete and sign the *Parent/Guardian’s Permission to Apply Sunscreen to His/Her Child*.

**Upon a child’s enrollment, parents/guardians will be**:

1. Informed of the program’s *Sun Protection Policy*.
2. Required to complete a *Sunscreen Authorization form.*
3. Asked to provide a broad spectrum SPF 30 or higher sunscreen or give permission to apply the facility’s offered sunscreen.

**Sunscreen Authorization Form**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care Center:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I recognize that too much exposure to UV rays may increase my child’s risk of getting skin cancer someday. Therefore, I give permission for staff to apply a sunscreen product with broad spectrum SPF 30 or higher to my child, as specified below, when he/she will be playing outside, during the months of May through September and between 10 a.m. and 4 p.m. Sunscreen will be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

**I give permission for the following sunscreen for my child:**

\_\_\_\_\_ Staff may use the facility provided sunscreen following the directions and recommendations printed on the product container.

|  |
| --- |
| **Program-Provided Sunscreen** *(to be completed by child care provider)* |
| **Name of Sunscreen & SPF:** | **Active Ingredients:** |
| **Possible Side Effects:** | **Other Label Information:** |

\_\_\_\_\_ I am providing the following brand/type of sunscreen to be applied to my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known allergies to specific brands/ingredients:**

\_\_\_\_\_ I do not know of any allergies my child has to sunscreen.

\_\_\_\_\_ My child is allergic to some sunscreens and has had reactions to the following products and/or active ingredients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**