

April 26, 2017

Dear Parent/Guardian

As the parent/guardian of _____, I give permission for him/her to bring and self-administer sunscreen during this field trip. An Authorization to Administer Medication form from your child's healthcare provider is not required.

Please initial below to indicate that the following conditions have been met:

_____ The sunscreen container is labeled with my child's full name in bold letters.

_____ My child has used this brand of sunscreen before, and has not has an allergic reaction. Spray on sunscreen is not allowed.

_____ I have instructed my child not to share his/her sunscreen with other students as they may have an allergy to the brand of sunscreen my child will be bringing.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian printed name: _____

Please fill out this form and return to school by: June 16, 2017

Sincerely,

Sarah Simmons
Renaissance Office Manager
425-936-1544