

SUNBLOCK RELEASE FORM



TO BE COMPLETED BY PARENT

I give permission for Ocean Kids Academy to apply the sunblock to my child

_____ 's, face, arms, legs and other sun exposed areas.
Staff may reapply as needed.

<u>Name of sunblock to be applied:</u>
--

Signature of Parent

X _____ Date _____

SUNBLOCK RELEASE FORM



TO BE COMPLETED BY PARENT

I give permission for Ocean Kids Academy to apply the sunblock to my child

_____ 's, face, arms, legs and other sun exposed areas.
Staff may reapply as needed.

<u>Name of sunblock to be applied:</u>
--

Signature of Parent

X _____ Date _____