



Child's Name: _____ Parent/Guardian Name: _____

Sunscreen Authorization

As the parent/guardian of the child named above, I give permission for Little Blessings to apply sunscreen to my child as specified below, when he/she will be engaging in outdoor activities. I understand that sunscreen may be applied to the exposed skin including but not limited to the face, tops of the ears, nose, and bare shoulders, arms and legs. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. If a skin reaction is observed following the application of sunscreen by staff, the parent/guardian will be notified promptly.

I have checked my choices regarding the type and application of sunscreen:

- Sunscreen provided by Little Blessings (Equate Kids Sunscreen SPF 50) may be applied to my child following the directions and recommendations printed on the product container.
- I will supply sunscreen for my child to be used as directed on the product container. I understand that the product container must be labeled with my child's name.
- I do NOT want sunscreen applied to my child. I understand I MUST provide a brimmed hat, long sleeve shirt, and long pants to be worn by my child whenever he/she goes outside.

Parent/Guardian Signature: _____ Date: _____

***This is a requirement for all licensed child care providers. To see the complete listing of Rules & Regulations, please go to the Colorado Department of Human Services Rules and Regulations for Early Childhood Programs.*

Diaper Ointment/Cream Authorization

I give my permission for the staff at Little Blessings PDO to apply over the counter diaper rash ointment/cream to my child. I understand I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of diaper ointment/cream: _____

Special Instructions: _____

Parent/Guardian Signature: _____ Date: _____