**LOTION AND CHAPSTICK UTILIZATION PERMISSION FORM**

**ALL CHAPSTICKS AND LOTION MUST HAVE NAME ON THEM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent or the guardian of the above child, I give my permission for staff at:

**Blessed Sacrament Children’s Learning Center**

To apply lotion and chap stick **that I provide** to my child, as specified below, when needed. I understand that lotion may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of lotion.

The staff of **­­­Blessed Sacrament Children’s Learning Center** may also use the lotion of their choice, in keeping with applicable federal and state standards, except for the following (if specified):

Only use the following type(s)/SPF lotion

For medical or other reasons, please don’t apply sunscreen to the following areas of my child’s body:

Parent’s Full Name (print):

Parent’s Signature: Date: