



Sun Protection Authorization Form for Carmel Valley Preschool

To Whom It May Concern:

_____ [CHILD'S NAME]

should be allowed to practice proper sun protection during school hours. This includes:

- Bringing sunscreen to school, applying when going outdoors and reapplying as needed for times when child will have exposure to the sun.
- Wearing a wide-brimmed hat when outdoors [parent provided]
- Wearing sunglasses when outdoors for medical condition [parent provided]

Signed,

_____ [PHYSICIAN NAME]

_____ [PHYSICIAN SIGNATURE]

Practice name/phone/address [Stamp ok]: _____

_____ [PARENT NAME]

_____ [PARENT SIGNATURE]

This form approved by:



www.SkinCancer.org