

El Dorado County Office of Education

Extended Day

"Where fun and learning go hand-in-hand"

SUNSCREEN APPLICATION ASSISTANCE WAIVER

I request that the Extended Day Summer Center Instructor or designee assist my child/ren in applying sunscreen while attending the **Silva Valley / Indian Creek / Lake Forest** (circle one) Extended Day Summer Program.

I will provide an aerosol/spray sunscreen to the Extended Day Center in the original container clearly marked with the child's full name. I understand that sunscreen will be applied to all exposed skin. The child/ren will bring the listed sunscreen with them on each pool day.

Please list each child's full name:

1 _____, 2 _____, 3 _____, 4 _____

SUNSCREEN NAME: MUST BE A SPRAY FORM OF SUNSCREEN/NO LOTION	SPECIFIC APPLICATION REQUEST: MUST LIST EACH AREA SUNSCREEN IS TO BE APPLIED	APPLICATION APPROVAL DATE/INITIALS
1.		
2.		
3.		
4.		

**All sunscreen application assistance waivers are subject to approval by Extended Day Management.
No sunscreen will be applied to any child until management approval is received.**

_____/_____
Signature of Parent/Guardian Date

Email _____