



**ST.
PETER**
CATHOLIC SCHOOL

ST. PETER CATHOLIC SCHOOL
Monument, Colorado

TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.

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

SUNSCREEN

I give my permission for the St. Peter Catholic School staff to assist with applying or to apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen 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.

In the event that my child does not have sunscreen with them, the school may apply a commercial brand UVA/UVB to my child. It is my responsibility to check ingredients of this product to ensure my child is not allergic to it.

My child may NOT use any sunscreen other than the one that he/she brings.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the St. Peter Catholic School staff to assist with applying or to apply skin lotion/cream/balm to my child. I understand I must provide the lotion/cream/balm in the original over-the-counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm 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 product(s): _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____