Birch Tree Academy

Sunscreen Preference

MY SUNSCREEN PREFERENCE IS...

Child's Name: _____

*Please select **one** of the following options:*

- [ ] **APPLY SUNSCREEN (SCHOOL PROVIDED)** I authorize staff to use the designated sunscreen provided by Birch Tree Academy: **Aveeno Baby Zinc Oxide Mineral Sunscreen SPF 50+**.
- [ ] **APPLY SUNSCREEN (PARENT PROVIDED)** I authorize staff to apply sunscreen, but I would prefer to use my own. I have provided the following brand/type of sunscreen for use on my child:

(Note: Sunscreen must be in the original container and labeled with the child's first and last name).

- [ ] **DO NOT APPLY SUNSCREEN** For medical or other reasons, please do not apply sunscreen to my child. I understand that if my child gets a sunburn while playing outside during the school's designated recess times, Birch Tree Academy will not be liable.

DIGITAL SIGNATURE

Parent Name: _____ **Date:** _____

Parent Signature: X_____
