



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: **Babyorganics SPF 50+ Sunscreen Lotion.**
- **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 _____
