



SUNSCREEN APPLICATION PERMISSION FORM

Applies to the 2018-2019 School Year

Name of Child: _____

As the parent or guardian of the above child, I give permission for faculty and staff at GracePointe Christian Academy to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he/she will be engaging in outdoor activities during the months of August to May and between the daily times of 10:30 to 12:00 noon. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

____ The GracePointe Staff may use the sunscreen of their choice, in keeping with applicable federal and state standards.

____ Only use the following type(s)/SPF sunscreen (provided by the parent):

Name of sunscreen _____

____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent's full name (print) _____

Parent's signature: _____ Date: _____

Dear Parents,

From time to time we would like to allow our students to watch a movie. We only do this on special occasions. Many of the children's movies that are current and relevant to the times are now rated PG instead of G. We would like to have your permission to show these PG rated movies to your child. If you have any questions please feel free to ask.

By signing this form you are authorizing GracePointe Christian Academy to show your child a PG rated movie.

_____ Child name

_____ Teacher name

_____ Parent Signature _____ date