



FAIRFIELD GONZALES
COMMUNITY ASSOCIATION
the place to connect

Sunscreen Notification and Acknowledgment

Date: _____

Child's Full Name: _____

1. I hereby authorize the Fairfield Gonzales Community Association Out of School Care staff to supervise my child with the application of SUNSCREEN SPF 30+ during the season when at risk of the sun.
2. I understand that my child is responsible for applying the sunscreen to their own body, but that leaders may assist as needed to ensure that sunscreen is used effectively.
3. I understand that it is the responsibility of the FGCA staff to supervise and provide direction to my child during the application of sunscreen, and that it is my responsibility to work with my child and the staff to ensure compliance.
4. I am aware that I must supply my child with a bottle of sunscreen with their name written clearly upon it.
5. If my child has allergies to sunscreen I am aware that I must provide a reasonable safety plan to ensure that my child will not be at risk of sunburn or sunstroke. This plan must be agreeable to the child care facility.

Guardian Signature: _____