

Robert J. Wilf **PRESCHOOL & KINDERGARTEN**



@ the Kaiserman JCC

Permission to apply sunblock

Child's Name: _____

I, _____, give the staff of the Robert J. Wilf Preschool & Kindergarten permission to apply _____ (Product name) on my child for sun protection. I have used this product previously without any adverse reaction to my child's skin.

Any specific instructions or notes _____

Parent's Signature

Date