

## Circle of Friends Parents,

It is that time of the year to start using sunscreen again. Please complete the bottom portion of this note and return it to your child's teacher with a bottle of sunscreen to be used on your child. Please have your child's name written clearly on the bottle. By failing to do so you are increasing the chance of your child getting skin cancer at a young age.

**COF Staff**

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I give permission for my child to have sunscreen applied during the 2021 calendar year while at Circle of Friends Child Care Center.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_