



SUNSCREEN AUTHORIZATION

I, \_\_\_\_\_, consent Energy Capital Cooperative Child Care  
(Parent or Guardian)

to apply the selected sunscreen below to my child \_\_\_\_\_  
(Child's Name)

according to the label instructions for the product.

I would like to use ECCCC's sunscreen. (Rocky Mountain Sunscreen Kids SPF 50).

I will provide sunscreen for my child. \_\_\_\_\_ (brand, SPF).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_