

I _____, parent/guardian of, _____,

give permission to the employees of BGC Wetaskiwin to support and assist in the application of sunscreen on my child with the sunscreen that I have sent and labelled with my child's name.

Should my child run out of sunscreen, the program may apply **Coppertone Kids Spray Sunscreen (SPF 50)** to supplement.

Parent/Guardian Signature

Date