

## **Sunscreen Lotion Authorization**

Date: \_\_\_\_\_

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

Albuquerque Nursery School is hereby authorized to apply any sunscreen supplied by me at the times my child is to be taken outside during the months of March through October of the year 2025. I hold Albuquerque Nursery School harmless as the result of sunscreen applications in accordance with instructions on the sunscreens container.

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Parent/Guardian Signature