

Full of Wonder

April Fender
2041 Trinity Street, San Mateo, CA 94403
(650) 349 – 2772

Sunscreen Permission Form

Please remember to apply SUNSCREEN to your child EVERYDAY!

In the event that my child is in need of some or additional sun protection I, the undersigned, have legal custody of _____, a minor, hereby authorize **FULL OF WONDER** to apply sunscreen as needed.

Date

Student Name

Parent / Legal Guardian Name(s)

Parent / Legal Guardian Signature