

APPLICATION OF SUNSCREEN
FOR

I/we, the undersigned, am/are the parent(s) or persons having legal custody of the above named minor. I/we now am/are entitled to full and complete custody of said minor child.

I/we hereby authorize Sigrid Kirsten Hansen or any of the person(s) on staff in whose care the above named child has been entrusted by me/us, to apply sunscreen provided by me/us as needed to help prevent the possibility of sunburn. I/we understand that "In Kirsten's Care will not be held responsible if sunburn does occur.

Parent/Guardian's signature

Date