



MILESTONE MONTESSORI

Unit 20 & 21, 279 Kingston Road East
Ajax, Ontario
L1K 0K5

(905) 426-4367
info@milestonemontessori.ca
www.milestonemontessori.ca

SUNBLOCK/SUNSCREEN CONSENT

I hereby request that the following sunblock/sunscreen be administered to my child by a child care staff member of Milestone Montessori. I understand that I must supply Milestone Montessori with the sunblock in the original container labeled with the child's name, name of the sunblock, and the directions of administration.

I understand that sunscreen may be applied to the exposed skin including but not limited to the face, tops of the ears, nose and bare shoulders arms and legs.

Name of Child: _____ Date of Birth: _____

Name of Sunblock/Sunscreen: _____

I have administered at least one dose of the above sunblock/sunscreen to my child without adverse side effects.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date