



St. Patrick's Catholic Preschool

SUN BLOCK PERMISSION SLIP

I, _____(NAME OF PARENTS) GIVE
PERMISSION FOR MY CHILD _____(NAME OF CHILD)
TO HAVE SUN BLOCK LOTION APPLIED TO HIS/HER SKIN BY A TEACHER AND/OR ANOTHER
PARENT TO PREVENT SUNBURN. MY CHILD HAS NO KNOW ALLERGIES TO SUN BLOCK OR SUN
TAN LOTION.

SIGNATURE OF PARENT/GUARDIAN

DATE

HAND SANITIZER PERMISSION SLIP

I, _____(NAME OF PARENTS) GIVE
PERMISSION FOR MY CHILD _____(NAME OF CHILD)
TO USE DISINFECTING HAND SANITIZER (ON OCCASION WHEN HAND WASHING IS NOT
POSSIBLE). MY CHILD HAS NO KNOWN SENSITIVITIES OR ALLERGIES TO HAND SANITIZER.

SIGNATURE OF PARENT/GUARDIAN

DATE