

SUNSCREEN AGREEMENT

Child Care Services

T: 250-370-4880 F: 250-370-4888 E: childcare@camosun.bc.ca

Complete and return to your Sr. Educator as needed.

| Child's Name | Child's Birthdate | |
|--|-------------------|----------|
| | | |
| Due to personal preferences, I am requesting that my child does not wear sunscreen at the Child Care | | |
| Centre. | | |
| | | |
| I understand the ramifications of this choice and will not hold the Child Care Centre, Educators, and/ | | |
| or Camosun College Child Care Services responsible for sunburn that my child receives while in the | | |
| care of the Centre. | | |
| Parent/Guardian Name | Signature | Date |
| Witness Name | Signature | Date |
| Withess Name | Signature | Date |
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| Office Use Only | | |
| ☐ Manager ☐ Sr Educate | or | |