



SUNSCREEN AGREEMENT

Child Care Services
4461 Interurban Road
Victoria, BC V9E 2C1
T: 250-370-4880 F: 250-370-4888
E: childcare@camosun.bc.ca
www.camosun.ca/childcare

Complete and return to your Sr. Educator as needed.

Due to personal preferences, I am requesting that my child, _____,
not wear sunscreen at the child care center.

I understand the ramifications of this choice and will not hold the child care center, Educators, and/or Camosun College Child Care Services responsible for sunburn that my child receives while in the care of the center.

Parent Name: _____

Signature: _____

Witness: _____

Date: _____

OFFICE USE ONLY	
_____	_____
<i>(Center)</i>	<i>(Start Date)</i>
_____	_____
<i>(Senior Educator)</i>	<i>(Manager)</i>