Crossroads Services, Inc.

Sunscreen permission form

□Yes, I give Crossroads Services, Inc. permission to apply their own sunscreen to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any outside activities when needed.

□No, I do not give Crossroads Services, Inc. permission to apply their own sunscreen to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any outside activities when needed.

□I will provide sunscreen for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply at

Crossroads Services, Inc. (This box must be checked if you do not give Crossroads Services, Inc. permission to apply their own sunscreen. If sunscreen is not provided they may be limited in their participation of outdoor activities.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/ Caregiver/ Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date