

**Non-Prescription Topical Application Permission:**

I give permission for Show-Me CCC to apply sunscreen **once a day**. Time will depend on daily schedule.

I give SMCCC permission to apply "Bright Guard Sunscreen".

Brand of Sunscreen: \_\_\_\_\_ **BRIGHT GUARD SUNSCREEN**

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date:     **From 5-30-22 to 8-12-22**    

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