



SUN-SMART POLICY

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from May through October.

Sun-Smart Strategies

- ❖ Encourage children to wear hats with wide brims that protect their faces, necks and ears whenever they are outside.
- ❖ Provide sufficient areas of shelter and/or trees providing shade on the playground.
- ❖ Encourage children to seek and use available areas of shade for outdoor play activities.
- ❖ Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
- ❖ Wearing appropriate hats and clothing when outdoors.
- ❖ Using broad spectrum SPF 15 or higher sunscreen for skin protection.
- ❖ Parents will provide broad spectrum SPF 15 or higher (and *paba* and *alcohol* free, if possible) that is in a lotion or cream **not an aerosol**.
- ❖ Sunscreen for lips may be sent in to be used.
- ❖ Sunscreen will be used on their child's exposed skin, except eyelids before exposure to the sun.
- ❖ Apply sunscreen before and after water play, if remaining outside after water play.
- ❖ Do not apply sunscreen to toddler's hands or foreheads, since sweat can cause it to get in children's eyes.
- ❖ School aged children will be expected to apply sunscreen themselves with adult direction as needed.
- ❖ Parents will complete and sign the Kidz Korner Sunscreen Permission Form and it shall remain in the child's file.
- ❖ Kidz Korner will include learning about the skin and ways to protect the skin from the UV rays of the sun in the program's curriculum and daily routines.
- ❖ The Sun-Smart Policy will be reinforced in positive ways. Staff and parents will be provided with educational materials and resources on sun safety and protection. Memos and signage shall be posted that remind staff, parents and children to practice sun safety.



SUNSCREEN PERMISSION FORM

Child's Name: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Kidz Korner to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below. This will be done when he/she will be playing outside, especially during the months of May through October and between the hours of 10am and 4pm.

I will provide Kidz Korner with the sunscreen product that I wish to be used on my child, making sure that it is labeled with my child's first and last name. I understand that to ensure my child does not have a reaction to the provided sunscreen it must be tried on my child at least three (3) times prior to bringing it in.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have initialed each of the following to show my understanding:

_____ Sunscreen will be applied to my child each day prior to arriving at Kidz Korner.

_____ The sunscreen provided will not contain a bug repellent.

_____ The sunscreen provided will be a lotion or cream, **not an aerosol product**.

_____ The sunscreen provided will be **labeled** with my child's first **and** last name.

_____ I understand that staff will check expiration dates when receiving the sunscreen and periodically during the season.

_____ I have provided the following brand of sunscreen for use for my child:

I have initialed below all applicable information for the use of sunscreen for my child:

_____ I have tried the provided sunscreen on my child at least three (3) times prior to bringing it to Kidz Korner to ensure he/she does not have a reaction.

_____ I do not know of any allergies my child has to sunscreen.

_____ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen: _____

_____ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: _____

NOTE: Do not rely on sunscreen alone to protect your child from skin cancer, be sure to send in a hat to be worn while outside.

By signing below I acknowledge I have received, read and understand Kidz Korner's Sun-Smart Policy and have reviewed and initialed the information above related to the use of a sunscreen product on my child.

Parent Signature/Date

Director Signature/Date