



933 Plymouth St., Halifax Ma 02338  
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[www.TheMagicalYears.Org](http://www.TheMagicalYears.Org)

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**Sunscreen and Bug Spray Consent**

I, \_\_\_\_\_ give the staff at The Magical years Early Learning Center, Inc.  
permission to administer sun block and bug spray to my child \_\_\_\_\_.

I will provide the center with a bottle of Sunscreen labeled with my child's name on it.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**PLEASE NOTE:**

**Parents please apply your child's sunscreen before coming to school. \*\*  
The Staff will apply sunscreen in the afternoons ONLY.**