



Brella Sunscreen Release Form

Name of Child: _____

As the parent or guardian of the above child, I recognize that sun protection is essential to skin cancer prevention, and that babies and children are especially sensitive to sun exposure. Therefore, I hereby grant permission to the staff at Brella Playa Vista, LLC. ("Brella") to apply and/or reapply sunscreen or any sunscreen products of SPF-15 or higher to my child, as specified below, throughout the day as needed.

I acknowledge that it is my responsibility to provide Brella, at the time of my child's appointment, with sunscreen or any sunscreen products with my child's name clearly printed on the bottle or container. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, neck, tops of the ears, shoulders, arms, and legs.

I have provided all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen or any sunscreen products.
- My child does have allergies to sunscreen or specific sunscreen products as described here:

I will provide the following brand/type of sunscreen for use on my child:

For medical or other reasons, please do not apply or reapply sunscreen to the follow areas of my child's body:

I understand that if I do not provide sunscreen to Brella at the time of my child's appointment, the Brella staff will not apply/reapply sunscreen to my child and will limit my child's access to the outdoors for the duration of my child's visit.

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____