

Alexander Graham Bell Montessori School

9300 Capitol Drive, Wheeling, IL 60090
847-850-5490
www.agbms.org



SUNSCREEN WAIVER

Date: _____ Child's class: _____

AGBMS Staff is hereby authorized to apply sunscreen to:

First and Last Name:

Please apply sunscreen thirty minutes prior to bringing your child to school. We will have sunscreen re-applied as needed.

In consideration of your administering the sunscreen as described in the foregoing, the undersigned hereby agrees that neither AGBMS, nor any of their employees, agents, officers, or board of directors will be held liable in any way for any injury, loss, death or damages arising out of or resulting from administration of the foregoing described sunscreen, and further holds harmless and releases AGBMS, their agents, employees, officers, and board of directors from liability for any claim by or on behalf of _____ (child's name) resulting from administration of such sunscreen.

This sunscreen waiver is valid for the duration of your child's enrollment. I understand it is my responsibility as parent/guardian to supply and maintain sunscreen for my child. AGBMS does not provide sunscreen.

Parent/Guardian Signature _____

Sunscreen will not be administered without your written consent; this form will be kept in the child's file and in their classroom and/or care program.