

Around the Clock Child Care Center Inc.

Bulk Sunscreen Log*

Product name: _____

Month: _____

SPF: _____

Program/Room: _____

| Child's Name | Date (Space has been supplied for am & pm applications. Please document time with initials.) | | | | | | | | | | | | | | | | | | | | | | | |
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****For use with bulk sunscreen only.***
(For children with sunscreen brought from home, document sunscreen application on individual sunscreen authorization form.)
In case of adverse reaction, discontinue use and notify parents in writing.

Signature (& initials) of persons applying sunscreen:
