

# Sunscreen Authorization Form

Child's Name \_\_\_\_\_

- Medication to be given Rock Mountain Sunscreen, SPF 50
- Possible Side Effects Skin irritation
- Special Instructions \_\_\_\_\_  
\_\_\_\_\_
- After form is returned through October 1<sup>st</sup> 2025
- Sunscreen will be applied after nap time, before afternoon playground time

I hereby give permission to Becca's Place Early Learning Center to apply sunscreen as indicated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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