



SUNSCREEN AUTHORIZATION FORM

(Program-Provided/Bulk Sunscreen)

1234 NE Riddell Road Bremerton, WA 98310 Office: (360) 373-2116 Fax: (360) 377-0686 www.peacebremerton.org

Child's Name:	Date of Birth & Age:
Start Date:	Stop Date: (up to 6 months after 'start date')
Times to be Applied:	Special Instructions

I authorize the use of the following "program-provided" sunscreen on my child.

Parent/Guardian Signature

Date

Daytime Phone Number

Program-Provided Sunscreen (to be completed by child care provider)

Name of Sunscreen & SPF: No-Ad Kids SPF 50	Active Ingredients: Avobenzene 2.0% (Sunscreen), Homosalate 15.0% (Sunscreen), Octisalate 5.0% (Sunscreen), Oxybenzone 5.0% (Sunscreen)
Possible Side Effects: Skin Rash	Other Label Information: Water Resistant (80 minutes) Hypo Allergenic

Reason for medication: **Protection from sun**

Amount to be given: **Cover exposed areas of skin**

Route: **Topical**

Storage: **Room Temperature**

Sunscreen Authorization Form

(Sunscreen Brought from Home)



Child's Name:	Date of Birth & Age: <small>(Do not apply on infants 6 months and younger without written permission from health care provider)</small>
Name of Sunscreen & SPF:	
Expiration Date: ___/___/___	
Active ingredient:	
Start Date: ___/___/___	Stop Date: (up to 12 months after 'Start Date') ___/___/___
Possible Side Effects:	
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Times to be applied: 30 minutes before exposure to the sun, and reapplied every two hours if remaining outdoors.

Storage: Room temperature

Parent/Guardian Signature

Date

