

## Sunscreen Authorization Form

Child Care Facility Name:		
Parent/Guardian permission is required for all applied to provide protection from the sun's U\ regarding sunscreen:		
<ol> <li>Acceptable sunscreens will be broad-s</li> <li>Sunscreen will be applied 20-30 minute months and between 10 am and 4 pm.</li> <li>Sunscreen will not be applied to childred</li> <li>Parents are encouraged to send a hat so</li> <li>Sunscreens will be stored at room temple.</li> <li>Sunscreen product will be provided by:</li> </ol>	es before going outside, en younger than 6 month with a wide brim for their perature and out of reach	especially during the summer s without a doctor's note. child to wear outside.
Please provide the following information:		
Child's Name:		
Date of Birth:		
Name of Sunscreen and SPF:		
Active Ingredient(s):		
Authorization Form Filled Out on:	Authorization Expires:	(6 months from start date)
Comments or specific information (such as possible sid	le effects, areas to avoid wher	n applying sunscreen, etc.)
I authorize the use of the above sunscressunscressunscreen will be applied to exposed slaboulders, legs, and feet.	_	
Parent/Guardian Signature:		Date:
Daytime Phone Number:		

See back of form

CCHOP Program 05\_2018\_BD

## Sunscreen Application Record See back of form for authorization.

Date	Time	Initials	Date	Time	Initials	Date	Time	Initia
any no	tes or side e	ffects below. I	Notify parent	/guardian im	mediately.			

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