



Sunscreen Authorization Form

(Program-Provided/Bulk Sunscreen)

| Child's Name: | Date of Birth & Age: | | | | | |
|--|---|--|--|--|--|--|
| | (Do not apply on infants 6 months & younger without written permission from health care provider) | | | | | |
| Start Date: | Stop Date: (up to 6 months after 'start date') | | | | | |
| Times to be Applied: | Special Instructions: | | | | | |
| I authorize the use of the fol child. | lowing "program-provided" sunscreen on my | | | | | |
| Parent/Guardian Signature | Date | | | | | |
| Daytime Phone Number | | | | | | |
| Program-Provided Sunscreen (1 | to be completed by child care provider) | | | | | |
| Name of Sunscreen & SPF: | Active Ingredients: | | | | | |
| Possible Side Effects: | Other Label Information: | | | | | |
| | | | | | | |

Reason for medication: Protection from sun Amount to be given: Cover exposed areas of skin

Route: Topical





Sunscreen Application Record (Must be filled out by the person who applies the sunscreen)

| Date | Time | Initials | | Time | Initials | Date | Time | Initials | Date | Time | Init | ıuıs |
|------|---------|----------|-------|----------|--------------|--------|---------------|-----------|-----------|-----------|-------|------|
| | | | Date | | | | | | | | | |
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