Sunscreen Authorization Form

(Sunscreen Brought from Home)

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| --- | --- |
| Child’s Full Name | Date of Birth & Age |
| Name & SPF of Sunscreen | Active Ingredients |
| Start Date | Stop Date(Authorization may be valid for 6 months) |
| Times to be Applied | Possible Side Effects |
| Special Instructions (Include previous sunscreen reactions) |

**Reason for medication**: Sun protection

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

**Route**: Topical

**Storage**: Room temperature

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone Number