



Sunscreen Authorization Form

(Sunscreen Brought from Home)

Child's Name:	Date of Birth & Age:						
	(Do not apply on infants 6 months and younger without written permission from health care provider)						
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 pre	evious sunscreen reactions)						
Reason for medication: Protection Amount to be given: Cover expose Route: Topical Times to be applied: 30 minutes be hours if remaining outdoors. Storage: Room temperature							
Parent/Guardian Signature	Date						



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

Child's Name: Name of Sunscreen & SPF:												
	List an	y side e f	fects	and da	te below	. Notif	y parer	nt/guardi	an imn	nediate	∍ly.	
	S	Signatur	es (&	initia	ls) of pe	ersons	s appl	ying su	nscre	en:		
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