



# Sunscreen Authorization Form

## (Program-Provided/Bulk Sunscreen)

<b>Child's Name:</b>  	<b>Date of Birth &amp; Age:</b>  (Do not apply on infants 6 months & younger without written permission from health care provider)
<b>Start Date:</b>  ____/____/____	<b>Stop Date: (up to 12 months after 'Start Date')</b>  ____/____/____
<b>Special Instructions: (Include previous sunscreen reactions)</b>  	

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

<b>Name of Sunscreen &amp; SPF:</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>Expiration Date:</b> ____/____/____                 </div>	<b>Active Ingredients:</b>  
<b>Possible Side Effects:</b>  	<b>Other Label Information:</b>  

**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