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: (Authorization may be valid for 6 months)
Times to be applied:	Special Instructions:

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

_____ _____

Parent/Guardian signature Date Daytime Phone Number

Child Care (Program-Provided) Sunscreen (completed by child care provider)

Name of Sunscreen & SPF:	Active Ingredients:
Possible Side Effects:	Other Label Information:

Reason for medication: Protection from sun
Amounts to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature

Print Form