



Sunscreen Authorization Form (Sunscreen Brought from Home)

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|---|--|
| 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: | Active Ingredients: |
| Start Date: April 24, 2018 | Stop Date: September 29, 2018 (Authorization may be valid for 6 months) |
| Times to be Applied: | Possible Side Effects: |
| Special Instructions: (Include previous sunscreen reactions) | |

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

Parent/Guardian Signature

Date

Daytime Phone Number



Sunscreen Application Record

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

Child's Name:

Name of Sunscreen & SPF:

| Date | Time | Initials | Date | Time | Initials | Date | Time | Initials |
|------|------|----------|------|------|----------|------|------|----------|
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Signatures (& initials) of persons applying sunscreen:

_____ () _____ ()
_____ () _____ ()

In case of adverse reaction, discontinue use and notify parents in writing