



Sunscreen Authorization Form (Sunscreen Brought from Home)

Child's Name:	Date of Birth & Age: <small>(Do not apply on infants 6 months and younger without written permission from health care provider)</small>
Name of Sunscreen & SPF:	Active Ingredients:
Start Date:	Stop Date: (up to 6 mo. after 'start date')
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	Date	Time	Initials

List any **side effects** and date below. Notify parent/guardian immediately.

Signatures (& initials) of persons applying sunscreen:

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