Public Health
Seattle & King County

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: (up to 6 months after 'start date')
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

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

Name of Sunscreen & SPF: Banana Boat Sunscreen for Kids SPF 50+	Active Ingredients: Homosalate (15%), Octinoxate (7.5%), Octisalate (5%), Titanium Dioxide 2.4%
Possible Side Effects:	
Inactive Ingredients: Water, Isohexadecane, Ozokerite, Cetyl/PEG/PPG 10/1 Dimethicone, Dibutyl Adipate, PEG 8 C30 38 Olefin/Isopropyl Maleate/MA Copolymer, Glycerin, Sodium Citrate, Sodium Chloride, Aloe Vera (Aloe Barbadensis) Leaf Juice, Tocopheryl Acetate (Vitamin E), Sodium Ascorbyl Phosphate (Vitamin C), Retinyl Acetate (Vitamin A), Dimethicone, Phenoxyethanol, Methylparaben, Butylparaben, Ethylparaben, Propylparaben, Isobutylparaben, Disodium EDTA, Alumina	

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

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:

_____ ( ) _____ ( )

_____ ( ) _____ ( )

_____ ( ) _____ ( )