

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:	
Expiration Date: ___/___/___	
Active ingredient:	
Start Date: ___/___/___	Stop Date: (up to 12 months after 'Start Date') ___/___/___
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

Times to be applied: 30 minutes before exposure to the sun, and reapplied every two hours if remaining outdoors.

Storage: Room temperature

Parent/Guardian Signature

Date



