



## 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 12 months after 'Start Date')  ___/___/___
Special Instructions: (Include previous sunscreen reactions)	

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

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

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

Name of Sunscreen & SPF: Banana Boat for Kids SPF 50  None listed Expiration Date: ___/___/___	Active Ingredients: Titanium Dioxide 3.1%, Zinc Oxide 4.0%
Possible Side Effects:  None listed	Other Label Information:

**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

