



Sunscreen Authorization Form

(Sunscreen Brought from Home)

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:	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