



Sunscreen Authorization Form

(Sunscreen Brought from Home)

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|---|--|
| 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: | 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



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

Signatures (& initials) of persons applying sunscreen:

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