



Sunscreen Authorization Form (Sunscreen Brought from Home)

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| 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: | 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

Comments