



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:	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

