



## 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:  (Authorization may be valid for 6 months)
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