



Sunscreen Authorization Form (Program-Provided/Bulk Sunscreen)

Child's Name:	Date of Birth & Age: (Do not apply on infants 6 months & younger without written permission from health care provider)
Start Date:	Stop Date: (up to 6 months after 'start date')
Times to be Applied:	Special Instructions:

I authorize the use of the following "program-provided" sunscreen on my child.

Parent/Guardian Signature

Date

Daytime Phone Number

Program-Provided Sunscreen *(to be completed by child care provider)*

Name of Sunscreen & SPF: No Ad Kids Sunscreen, SPF 50 or No Ad Sunscreen, SPF 60	Active Ingredients: <u>No Ad Kids, SPF 50:</u> Homosalate (15%), Octisalate (5%), Oxybenzone (3%), Avobenzone 2% <u>No Ad, SPF 60:</u> Homosalate (15%), Oxybenzone 6%, Octisalate (5%), Avobenzone 2%
Possible Side Effects: If swallowed, get medical help or contact a Poison Control Center right away.	Other Label Information: Very Water Resistant Hypoallergenic (both products)

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

