



Sunscreen Authorization Form

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

**I authorize the use of the following
sunscreen on my child.**

Parent/Guardian Signature

Date

Daytime Phone Number

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature



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

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

Signatures (& initials) of persons applying sunscreen:

_____ ()

_____ ()

_____ ()

_____ ()

_____ ()

_____ ()