preciousMoments
PRESCHOOL

# Sunscreen Authorization Form

**(Parent Provided - only roll-on sunscreen)**

| **Child's Name:** | **Date of Birth & Age:**<br><br>(Do not apply on infants 6 months & younger without written permission from health care provider) |
|---|---|
| **Start Date:** ____/____/____ | **Stop Date: (up to 12 months after 'Start Date')** ____/____/____ |
| **Special Instructions: (Include previous sunscreen reactions)** | |

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

_____ _____

**Parent/Guardian Signature** **Date**

Parent **Sunscreen** *(to be completed by child care provider)*

| **Name of Sunscreen & SPF:**<br><br>**Expiration Date:** ____/____/____ | **Active Ingredients:** |
|---|---|
| **Possible Side Effects:** | **Other Label Information:** |

**Reason for medication:** Protection from sun

**Amount to be given:**

**Areas to be applied:**

**Times to be applied: while going outdoors**

**Storage:** Room temperature

**Children should be dropped with morning sunscreen applied, if drop off is done within 30 mins of outdoor schedule**