

Bulk Sunscreen Log*

Product name:

Month:

SPF:

Program/Room:

Child's Name	Date (Space has been supplied for am & pm applications. Please document time with initials.)																							

***For use with bulk sunscreen only.**
(For children with sunscreen brought from home, document sunscreen application on individual sunscreen authorization form.)
 In case of adverse reaction, discontinue use and notify parents in writing.

Signature (& initials) of persons applying sunscreen:

