Public Health
Seattle & King County

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 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**

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

Name of Sunscreen & SPF: Expiration Date: ___/___/___	Active Ingredients:
Possible Side Effects:	Other Label Information:

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Times to be applied: 30 minutes before exposure to the sun, and reapplied every two hours if remaining outdoors.
Storage: Room temperature