

Sunscreen Authorization Form

Child Care Facility Name:		
Parent/Guardian permission is required for all applied to provide protection from the sun's UN regarding sunscreen:		
 Acceptable sunscreens will be broad-s Sunscreen will be applied 20-30 minute months and between 10 am and 4 pm. Sunscreen will not be applied to childre Parents are encouraged to send a hat some sunscreens will be stored at room temp Sunscreen product will be provided by: 	es before going outside, en younger than 6 month with a wide brim for their perature and out of reac	especially during the summer as without a doctor's note. child to wear outside.
Please provide the following information:		
Child's Name:		
Date of Birth:		
Name of Sunscreen and SPF:		
Active Ingredient(s):		
Authorization Form Filled Out on:	Authorization Expires:	(6 months from start date)
Comments or specific information (such as possible sid	•	·
Comments of specific information (such as possible sid	is effects, areas to avoid when	r applying sunscreen, etc.)
_		
authorize the use of the above sunscresunscreen will be applied to exposed slandlers, legs, and feet.		
Parent/Guardian Signature:		Date:
Daytime Phone Number:		_
		See back o

CCHOP Program 05_2018_BD

Sunscreen Application Record See back of form for authorization.

Child's Name: Name of Sunscreen and SPF:									
List anv no	 tes or side et	ffects below. N	lotify parent	∖ t/quardian im	mediately.				
			, p	. 	,				
Signatures	(and initials	s) of staff app	olying suns	creen:					
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