Sunscreen Application Record Form - Bulk

Product: _____ Month: _____

SPF: _____ Program/Room: _____

Child's Name	Date (Space has been supplied for am & pm applications. Document the time of application with initials.)

(For children with sunscreen brought from home, document sunscreen application on *Medication Administration Record*). Confirm that parent has signed *Sunscreen Authorization Form*. In case of adverse reaction, discontinue use and notify parents in writing.

Signature and initials of persons applying sunscreen: _____ _____ _____ _____ _____