

# Sunscreen Authorization Form - Bulk Container



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Note: Sunscreen can only be used for children over six months of age.

**Bulk sunscreen can be used for up to 6 months from start date (bulk medications must be replaced every 6 months) (WAC 170-295-3080).**

**Reason for medication:** protection from sun

**Amount to be given:** cover exposed areas of skin

**Route:** topical

**Storage:** room temperature

I decline the use of sunscreen on my child (please sign below).

I authorize the use of the following sunscreen on my child (please review and sign below).

This section is to be completed by child care provider

<b>Name of sunscreen and SPF:</b>	<b>Active ingredients:</b>
<b>Possible side effects:</b>	<b>Other label information:</b>
<b>Times to be applied:</b> Thirty minutes prior to exposing skin to sun	<b>Special instructions:</b>
<b>Start date:</b>	<b>Stop date:</b>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date