

Sunscreen Authorization Form - Individual Container



Child's Name: _____ DOB: _____ Gender: M / F

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

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 complete and sign below).

This section is to be completed by parent/guardian:

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

Parent/Guardian Signature

Date