



Ages 0-3
Sunscreen Authorization Form
(Program-Provided/Bulk Sunscreen)

Child's Name:	Date of Birth & Age: <small>(Do not apply on infants 6 months & younger without written permission from health care provider)</small>
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: Neutrogena Ultra Sheer Dry-touch SPF 55 Expiration Date: ___/___/___	Active Ingredients: Avobenzone - 3% Octisalate - 5% Homosalate - 10% Octocrylene - 10%
Possible Side Effects: Rash, acne, burning, itching redness, swelling, dry skin	Other Label Information: may stain clothes. Keep out of direct sun.

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



