Public Health
Seattle & King County

Ages 3-5

Sunscreen Authorization Form

(Program-Provided/Bulk Sunscreen)

Child's Name:	Date of Birth & Age: (Do not apply on infants 6 months & younger without written permission from health care provider)
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:	Active Ingredients:
Neutrogena Beach defense SPF 60+ Expiration Date: 12/01/20 21	Avobenzone 3% Homosalate 10% Octisalate 5% 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

Sunscreen Application Record

(Must be filled out by the person who applies the sunscreen)

Child's Name:
Name of Sunscreen & SPF:

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

List any **side effects** and date below. Notify parent/guardian immediately.

Signatures (& initials) of persons applying sunscreen:

_____ ( ) _____ ( )

_____ ( ) _____ ( )

_____ ( ) _____ ( )