

Sunscreen Authorization

For Sunscreen Brought from Home

Child's Name:	Date of Birth & Age: <small>(Do not apply on infants 6 months and younger without written permission from health care provider)</small>
Name of Sunscreen & SPF:	Active Ingredients:
Start Date:	Stop Date (up to 6 mo. after Start Date):
Times to be Applied:	Possible Side Effects:
Special Instructions (Include previous sunscreen reactions):	

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature

Parent/Guardian Signature

Date

Daytime Phone Number



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