

# Sunscreen Authorization

## Program-Provided/Bulk Sunscreen

<b>Child's Name:</b>	<b>Date of Birth &amp; Age:</b> <small>(Do not apply on infants 6 months &amp; younger without written permission from health care provider)</small>
<b>Start Date:</b>	<b>Stop Date (up to 6 months after Start Date):</b>
<b>Times to be Applied:</b>	<b>Special Instructions:</b>

I authorize the use of the following "program-provided" sunscreen on my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

**Reason for medication: Protection from sun**

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

**Route: Topical**

**Storage: Room temperature**

**Program-Provided Sunscreen** *(to be completed by child care provider):*

<b>Name of Sunscreen &amp; SPF:</b>	<b>Active Ingredients:</b>
<b>Possible Side Effects:</b>	<b>Other Label Information:</b>

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