



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 6 months after 'start date')
Times to be Applied: Noon	Special Instructions: Applied when weather indicates

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

Parent/Guardian Signature

Date

Daytime Phone Number

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

Name of Sunscreen & SPF: Banana Boat Tear Free Kids or Baby Broad Spectrum Sun-block (SPF 50)	Active Ingredients: Homosalate 15%, Octinoxate 7.5%, Octisalate 5%, Titanium Dioxide 2.4%
Possible Side Effects: Rinse thoroughly with water if you get in eyes; Stop using if rash or irritation occurs; if swallowed contact Poison Control	Other Label Information: Won't Sting Eyes, Hypoallergenic, Waterproof, Fragrance Free, PABA Free, as mild as water to the skin

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