



SHIRLEE
GREEN
PRESCHOOL

AT CONGREGATION SHAARE EMETH

Sunscreen Authorization Form

Child's Name:	Date of Birth & Age: (do not apply on infants 6 months and younger without written permission from health care provider)
Name of Sunscreen & SPF:	Active Ingredients:
Start Date:	Stop Date:
Times to be applied:	Possible Side Effects:

Special Instructions:

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

Parent/Guardian Signature

Date