



ISSAQUAH CHILDREN'S ACADEMY  
EARLY CHILDHOOD DEVELOPMENT SPECIALISTS



### Sunscreen Authorization Form (Program-Provided/Bulk Sunscreen)

<b>Child's Name:</b>	<b>Date of Birth &amp; Age:</b>  (Do not apply on infants 6 months & younger without written permission from health care provider)
<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

**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>

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

