



## Sunscreen Authorization Form

<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.
- I will provide my own sunscreen for my child.

Brand Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

### Program-Provided Sunscreen information:

<b>Name of Sunscreen &amp; SPF:</b> <i>Babyganics SPF 50+ (UVA + UVB protection + water resistant)</i>	<b>Active Ingredients:</b> <i>Octisalate 5.0%, Titanium Dioxide 3.0%, Zinc Oxide 6.0%</i>
<b>Possible Side Effects:</b> <i>None listed</i>	<b>Other Label Information:</b> <i>PABA, Phthalates, parabens, fragrances or nanoparticles</i>

**Reason for medication:** Protection from sun  
**Amount to be given:** Cover exposed areas of skin

**Route:** Topical  
**Storage:** Room temperature