



Sunscreen Authorization Form

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

- 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:

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