

# SUNSCREEN AUTHORIZATION FORM



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Sunscreen Information:**

Brand: Coppertone Water Babies Pure & Simple Tear Free SPF 50

Active Ingredients: Octinoxate, Octisalate, Zinc Oxide

Possible Side Effects: None

**Application Instructions:**

Start Date: June 1

End Date: September 1

Apply at least 15 minutes before sun exposure before 4 pm. Apply topically; cover all exposed areas of skin. Store at room temperature

**Authorization:**

I hereby authorize the use of the above program-provided sunscreen on my child.

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

\_\_\_\_\_  
Date

**Application Record:**

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Signatures & Initials of Persons Applying Sunscreen:

\_\_\_\_\_ ( )                      \_\_\_\_\_ ( )  
\_\_\_\_\_ ( )                      \_\_\_\_\_ ( )