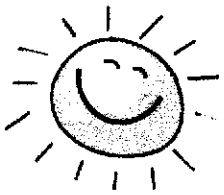
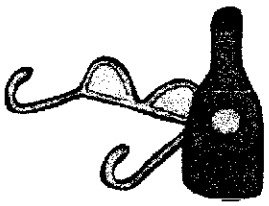


Gloworms Academy



Sunscreen Authorization Form

Please complete this form and be sure to label your child's sunscreen with their first and last name.

Child's Name:	**Date of Birth/Age:** (Do not apply on infants 6 months & younger without written permission from health care provider)
Sunscreen Brand Name & SPF:	
Start Date:	**Stop Date: (up to 6 months after 'start date')**
Times to be Applied:	**Special Instructions:**
Possible side effects:	☐ **Above information consistent with label?**

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

I authorize the use of the sunscreen listed above on my child.

_____ _____

Parent/Guardian Signature **Date**

_____

Daytime Phone Number