



## Northwest Christian Schools Early Learning Program Sunscreen Authorization Form

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Name of sunscreen: \_\_\_\_\_

Reason for sunscreen: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Times to be applied: \_\_\_\_\_ before lunch recess \_\_\_\_\_ before afternoon recess

Amount to be applied: \_\_\_\_\_

Areas to apply sunscreen: \_\_\_\_\_ face \_\_\_\_\_ arms \_\_\_\_\_ legs \_\_\_\_\_ other

Possible side effects: \_\_\_\_\_

Is above information consistent with the label on the sunscreen bottle \_\_\_\_\_

Special instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Daytime Phone Number: \_\_\_\_\_

Medication was returned to parents or discarded: \_\_\_\_\_ (Must be completed after stop date and before filing for in child's file)  
Date \_\_\_\_\_