Medication Authorization for Sunscreen

Staff members may administer sunscreen to my child _____ as needed. Please note…we use a "Broad Spectrum" SPF of 15 or higher sunscreen. If you prefer a different or special brand, please apply at home and notify your child's teacher.

Child's Name

This medication is to be given from September 1, 2020 and ending on June 4, 2021.

Parent Signature_____ Date_____

Verification Log

Date	Time	Amount	By whom