

2019 - 2020 Sunscreen Authorization Form



Sunscreen Authorization Form

Child's Name: _____ Date of Birth: _____

I hereby give _____ permission to apply the following sunscreen, in accordance with directions for use on the appropriate container:

___ Sunscreen provided by program:

Product Name:

SPF:

___ Sunscreen provided by family/parent/guardian:

Product Name:

SPF:

** Please label sunscreen with your student's first and last name.*

Any other special instructions: _____

Parent/Guardian Signature:

Date:
