

**Parent/Guardian Authorization for the Administration of
Non-Prescription Sunscreen by Child Care Personnel**

In nice weather we will be outdoors in the AM and PM.

To Child Care Personnel:

I hereby request that the following non-prescription sunscreen be administered to my child by a child care staff member of Woodbridge Child Center.

I understand that I must supply Woodbridge Child Center with the sunscreen in the original container labeled with the child's name. This authorization is limited to sunscreen only.

Name of Child: _____

Name of Sunscreen _____

Schedule of Administration: _____

Site of Administration: _____

Sunscreen shall be administered from _____ to _____
(month) (month)

Name of Parent/Guardian: _____ Date: _____

I have administered at least one dose of the above sunscreen to my child without adverse side effects.

Signature: _____ Relationship to Child: _____

Daytime phone: _____

Staff to Complete:
Authorization form and sunscreen received by: _____ (Signature of Staff)
Sunscreen started: _____ (date)
Sunscreen ended: _____ (date)
Parent permission and sunscreen administration record shall become part of the child's health record with the application has ended.
If sunscreen is not picked up a week from end date, it will be discarded.