

Parent/Guardian Authorization for the Administration of Sunscreen by Little Blessings Staff

I hereby request that the following topical sunscreen be administered to my child by a Little Blessings staff member. I understand that I must supply the topical sunscreen in the original container labeled with my child's name. This authorization is limited to sunscreen only.

Name of Child:	Date of Birth:			
Address:				
E-mail:	Phone:			
Sunscreen name/brand:				
Sunscreen will be administered as neede	ed for sun exposure and will be applied to exposed skin.			
☐ I have administered at least one dose of side effects.	the above medication to my child without adverse			
Printed name of Parent/Guardian:	Date:			
Signature:	Relationship to Child:			
Address:	Telephone:			
For staff to complete:				
Parent Authorization form and sunscreen	received by:			



Sunscreen Administration Record

Child's Name:					
Sunscreen r	name/brand:			_	
Method of A	Administration:				
*Please be sure sunscreen is in its original container and labeled with the child's name and that the authorization form on the reverse is completed and signed by parent.					
Date	Time	Dose	Signature	Comments	