

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
SUNSCREEN BY CHILD CARE PERSONNEL**

To Child Care Personnel:

I hereby request that the following non-prescription topical sunscreen be administered to my child by a child care staff member of Creative Arts Studio:

Name of Child: _____ Date of Birth _____

Medication: No Ad SPF 30 Sunscreen

Method of administration, area of application: APPLIED TO EXPOSED AREAS OF SKIN

Schedule of

Administration: AS REQUIRED FOR SUN PROTECTION (Parents to apply first application before school)

Name of Parent/Guardian:

_____ Date _____

Signature: _____ Relationship to Child: _____

Address: _____ Telephone: _____

FOR STAFF TO COMPLETE:

Parent authorization form received by _____
(Signature of staff)