

SUNSCREEN AUTHORIZATION FORM

SUNSCREEN

I, _____, authorize the application of a sunscreen product which I will provide in its original container and labeled with my child's name.

Student's name: _____

Sunscreen's name: _____ Expiration date: ____/____/____

Any Adverse Reactions to sunscreen products?

_____ No

_____ Yes, (explain in detail) _____

Parent's Signature: _____

Date: _____