



Children's Day School, Inc.

SUNSCREEN

I hereby request that the following sunscreen be applied to my child by a staff member of Children's Day School, Inc.. I understand that I must supply the center with the sunscreen in the original container labeled with the child's name.

This authorization is limited to the following:

Non prescription sunscreen protection that is free of amino benzoic acid (PABA) or its derivatives

Name of Child _____ Date of Birth _____

Address _____

Name of sunscreen _____

Schedule of application _____

Area of the body the sunscreen is to be applied _____

Apply from _____ to _____
(Date) (Date)

Reason for which application is needed _____

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

Name of Parent/Guardian _____ Date _____
(Type or Print)

Signature _____

Relationship to Child _____ Telephone _____

Address _____

FOR STAFF TO COMPLETE

Parent authorization form and sunscreen received by _____
(signature of staff)

Application started _____ (date and time)

Application ended _____ (date and time)

(See other side)