



Sunscreen Application Record (Must be filled out by the person who applies the sunscreen)

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Non	ne of s	Sunscre	en & S	SPF:							
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## Sunscreen Authorization Form

(Sunscreen Brought from Home)

Child's Name:	Date of Birth & Age:
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	(Do not apply on infants 6 months and younger without
Name of Sunscreen & SPF:	written permission from health care provider)
Juniscreen & SPF:	Active Ingredients:
Start Date:	
	Stop Date: (up to 6 mo. after 'start date'
Times to be Applied:	
. • •	Possible Side Effects:
Special Instructions: (Include previous	CIMCON
Reason for medication: Protection from  Amount to be given: Cover exposed are  Route: Topical	
Reason for medication: Protection from Amount to be given: Cover exposed ar Route: Topical Storage: Room temperature	
Reason for medication: Protection from Amount to be given: Cover exposed ar Route: Topical	
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