



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 needed for sun exposure and will be applied to exposed skin.

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

Printed name of Parent/Guardian: _____ Date: _____

Signature: _____ Relationship to Child: _____

Address: _____ Telephone: _____

For staff to complete:

Parent Authorization form and sunscreen received by: _____

