**ANGEL HAVEN ECC**

**Sunscreen Authorization Form**

**(Parent & AH Provided Sunscreen)**

|  |  |
| --- | --- |
| **Child’s Name:** | **Date of Birth & Age:**(We do not apply on infants 6 months & younger without written permission from health care provider) |
| **Start Date:** | **Stop Date:** (up to 6 months after ‘Start Date’) |
| **Times to be Applied:**Prior to Outside activity | **Special Instructions:** |

I authorize the use of the following ANGEL HAVEN PROVIDED sunscreen on my child:

**Banana Boat Kids and/or Banana Boat Baby Broad Spectrum SPF 50**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone Number**

**I prefer to supply my own Parent-Provided Sunscreen:**

|  |  |
| --- | --- |
| **Name of Sunscreen & SPF:** | **Active Ingredients:** |
| **Possible Side Effects:** | **Other Label Information:** |

Reason for Medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Storage: Room Temperature