SUNSCREEN AUTHORIZATION FORM

Child's Name: _____ **Date of Birth:** _____

Sunscreen Information:
Brand: Coppertone Rocky Mountain Sunscreen SPF 50 Kids Broad Spectrum
Active Ingredients: Avobenzone 3.0%, Homosalate 13.0%, Octisalate 5.0%, Octocrylene 7.0%, Oxybenzone 4.0%
Possible Side Effects: None

Application Instructions:
Start Date: May 1
End Date: September 1
Apply at least 15 minutes before sun exposure before 4 pm. Apply topically; cover all exposed areas of skin. Store at room temperature

Authorization:
I hereby authorize the use of the above program-provided sunscreen on my child.

_____ _____
Parent/Guardian Signature Date

Application Record:

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Signatures & Initials of Persons Applying Sunscreen:
_____ ( ) _____ ( )
_____ ( ) _____ ( )

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_____ ( ) _____ ( )

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