



America's Child Montessori
Sunscreen Authorization Form
(Sunscreen Brought from Home)



Child's Name:	Date of Birth & Age:
Name of Sunscreen & SPF:	Active Ingredients:
Start Date:	Stop Date:
Time to be applied:	Possible Side Effects:
All information consistent with label?	

Special Instructions: (Include previous sunscreen reactions)

Parent/ Guardian Signature

Date

Daytime Phone Number