



Sunscreen Authorization Form

(Sunscreen Brought From Home)

I _____ (please print full name) authorize TTT Staff to apply on my child a sunscreen lotion or spray provided from home.

Child's Name: _____ Child's Age: _____

Name of Sunscreen provided: _____

Possible side effects (include previous sunscreen reactions) _____

Reason for application: Protection from the sun

Amount to be given: Cover exposed areas of skin

Storage: Room Temperature

Special Instructions:

- Parents are required to apply Sunscreen on their child in the morning before arriving to school. TTT Staff will apply Sunscreen in the afternoon before the second recess time.

Parent/Guardian Signature

Date

Phone Number