

LAKE MERIDIAN MONTESSORI

Sunscreen Authorization Form

Child's Name:	Date of Birth:
Start Date:	End Date:
Sunscreen:	Reason for Medication: Skin protection from the sun
Times to be administered: Before going outside	Amount to be administered: Enough to cover exposed skin
Possible side effects:	Topical lotion
Requires refrigeration: _ Yes _X_ No	Special instructions:

Parent/Guardian Signature: _____

Date: _____

Please fill out and return with your child's labeled sunscreen.

Thank you!