



Sunscreen Authorization Form (Program-Provided/Bulk Sunscreen)

Child's Name:	Date of Birth & Age: (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') 6 months after start date listed
Times to be Applied: 15 minutes prior to sun exposure, apply every two hours.	Special Instructions: N/A

I authorize the use of the following "program-provided" sunscreen on my child.

Parent/Guardian Signature

Date

Daytime Phone Number

Program-Provided Sunscreen *(to be completed by child care provider)*

Name of Sunscreen & SPF: Tropical Sands® SPF 30 Sunscreen	Active Ingredients: Zinc Oxide (6%), Titanium Dioxide (6%), Aloe Barbadensis Leaf (Aloe Vera Gel) Juice, Aqua (Deionized Water), Beeswax, Butyrospermum Parkii (Shea) Butter, Camellia Sinensis Leaf (Green Tea) Extract, Cocos Nucifera (Coconut) Oil, Eucalyptus Globulus (Eucalyptus) Oil, Glycerin, Helianthus Annuus (Sunflower) Seed Oil, Helianthus Annuus (Sunflower) Wax, Lecithin, p-Anisic Acid, Simmondsia Chinensis (Jojoba) Oil, Tocopherol (Vitamin-E)
Possible Side Effects: N/A	Other Label Information: <i>Mexitan's 100% Natural Formula. Water resistant up to 80 min, non-allergenic, no chemical fragrances, no chemical preservatives (parabens) or emulsifiers, Non-Nano, Biodegradable, gluten free.</i>

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature

