PHYLLIS BODEL CHILDCARE CENTER AT YALE SCHOOL OF MEDICINE INC.
367 Cedar Street, New Haven, CT. 06510 Phone: 203-785-3829 Fax: 203-785-3827

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF

SUNSCREEN

1. Sunscreen will expire according to the expiration date listed on the product. If there is no expiration date listed, sunscreen will expire 1 year from date received.
2. Non-prescription sunscreen protectants* must be free of amino-benzoic acid (PABA)
3. Sunscreen label and directions must be in English
4. No creams/ointments that contain nut oils/ingredients will be allowed. (includes coconut and shea butter)
5. Sunscreen must not be aerosol. Creams, lotions, foams and sticks are accepted.

1. Name of Child: _____ Date of Birth: _____
Address: _____

2. Medication: name of sunscreen: _____

3. Dose/Amount: apply evenly and liberally to cover exposed skin

4. Route/area of application: on exposed skin, do not apply directly to face, place on hands then rub on face avoiding eyes.

5. Time/Signs/Symptoms to give medication: as needed prior to outside play time

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Medication shall be administered from _____ to ongoing.
(today's date)
Reason for which medication is being administered: prevent sunburn

I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, _____, by a staff member of the day care facility. I understand that I must supply the child care facility with the cream/lotion/non-prescription topical medication in the original container, labeled with the child's name, the name of the product and the directions for the administration. I have administered at least one dose of the above product to my child without adverse side effects.
Name of Parent/Guardian (relationship): _____Date: _____

Signature: _____ Daytime phone: _____

Address (if different than above) : _____

For Staff to Complete:
Parent Authorization form and medication received by: _____(Name of Staff)
_____(Signature of Staff)
Medication started: _____ (date and time)
Medication ended: _____ (date and time)