



# Christ For Kids

## Spring/Summer 2007 Sunscreen Authorization Form (Please complete a separate form for each child)

Child's Name: \_\_\_\_\_

CFK has my permission to apply sunscreen, provided from home to my child prior to outdoor play.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Authorization Valid for 6 months

If your child is 6 years or older, may s/he apply own sunscreen under adult supervision?

yes      no

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Storage: Room temperature



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