



Sunscreen Authorization Form (Sunscreen Brought from Home)

I _____ (please print full name) authorize Sunnybrook Montessori Staff to apply on my child a Sunscreen Lotion provided from home.

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

Name of the Sunscreen Lotion provided: _____

Possible side Effects (include previous sunscreen reactions):

Reason for application: Protecting from sun

Amount to be given: Cover exposed areas of skin

Storage: Room Temperature

Special Instructions:

- Sunscreen lotion must be **Nut-Free** and **Unscented**.
- Parents are required to apply Sunscreen Lotion on their child in the morning before arriving to school. Sunnybrook Montessori Staff will apply sunscreen in the afternoon before the second Recess time.

Parent/Guardian Signature

Date Time Phone Number

Date