

North Wall Schools
Sunscreen Authorization Form

Continuous spray types are not used at school because of flammable warning and all sunscreen or sunblock must be SPF 15 or higher.

Child's Name _____

Reason for Medication: **Protection from UVA and UVB sunrays**

Name of Medication _____ Amount _____

Frequency _____ Times Given at Home _____

Method of Administration at North Wall Schools _____

Amount _____ Times to be Given _____

I authorize North Wall Schools to apply the above medication(s) and/or treatment to my child April-September.

Signature _____ Date _____

(Parent)

Staff will apply as directed according to directions on a daily basis.