Sun Protection Authorization Form

To Whom It May Concern:

________________________________________________
[CHILD’S NAME]

should be allowed to practice proper sun protection during school hours and during afterschool activities. This includes:

☐ Bringing sunscreen to school, applying when going outdoors and reapplying every two hours as needed
☐ Wearing a wide-brimmed hat when outdoors
☐ Wearing sunglasses when outdoors

Signed,

____________________________________   ______________________________________
[PHYSICIAN NAME]        [PHYSICIAN SIGNATURE]

____________________________________   ______________________________________
[PARENT NAME]        [PARENT SIGNATURE]