Sun Protection Authorization Form

Date: ____________________

To Whom It May Concern:

It is important for __________________________

[CHILD’S NAME] to be protected from the sun during school hours and after-school activities. This includes being allowed to:

☐ Bring sunscreen to school, apply it when going outdoors and reapply sunscreen every two hours as needed
☐ Wear a sun-protective hat and clothing when outdoors
☐ Wear sunglasses when outdoors

Signed,

__________________________________________  ________________________________________
[PHYSICIAN NAME]  [PHYSICIAN SIGNATURE]

__________________________________________  ________________________________________
[PARENT NAME]  [PARENT SIGNATURE]

This form provided by:

https://www.SkinCancer.org