Sun Protection Authorization Form

Date: ________________

To Whom It May Concern:

It is important for __________________________ 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: SkinCancer.org