

# 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:



[www.SkinCancer.org](http://www.SkinCancer.org)