

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:

