Grace Children's Learning Center
A Ministry of Grace United Methodist Church
9750 Wellington Rd Manassas, VA 20110
703-393-2345 phone
GCLC@umcgrace.org

Product Expiration Date: _____

Authorization Exp. Date: _____

Sunscreen Application Authorization Consent Form

1. **Child's first and last name:**	2. **Date of birth:**	3. **Child's known allergies:**
4. **Name of Sunscreen:**	5. **Strength of Sunscreen:**	6. **Route of administration:** Topical and rub into skin

7A. **Frequency to be administered: After water play and before going outdoors.**
OR
7B**. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters)** Activity Dependent. Prior to going outdoors for play.

8A. **Possible side effects: see medication box** *AND/OR* Rash, Accidental exposure to eyes– cause burning
8B: Additional side effects:

9. **What action should the child care provider take if side effects are noted**: Rinse eyes with water, wash skin with water if rash breaks out. If swallowed contact Poison Control Immediately or seek immediate Emergency Medical Assistance Contact parent

10A. **Special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)**

11. **Reason the child is taking the medication (unless confidential by law):** To protect skin from sun rays

12. **Are the instructions on this consent form a change to a previous medication order as it relates to the dose, time or frequency the medication is to be administered? No Yes Please specify changes.**

13. **Date of Signature**	14. **Parent/Legal Guardian's Signature**
15. **Leave Blank**	16. **Special Instructions From Parent: (To be completed by GCLC Staff)**
17. **Provider & Representative's Signature and Date Received:**	18**. Expiration of Authorization:** **6/15/2026**

19. **Training and or Background Required For Staff to Administer Sun Screen:** No specific training required provided since sunscreen is non-medicated.