



## Medication Authorization Form

<b>Child's Name:</b>	<b>Date of Birth/Age:</b>
<b>Name of Medication:</b> Sunscreen	<b>Reason for Medication:</b> To prevent sunburn
<b>Start Date:</b>	<b>Stop Date:</b>
<b>Times to be given:</b> 30 minutes prior to sun exposure	<b>Amount to be given:</b> Enough to generously coat all exposed skin
<b>Possible Side Effects:</b>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label? Yes	<b>Requires Refrigeration:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>Special Instructions:</b>	

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Physician Signature (if under 6 months old)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Phone Number**



