Sun Protection Authorization Form

To Whom It May Concern:	
[CHILD'S NAME]	
should be allowed to practice proper sun pro activities. This includes:	otection during school hours and during afterschool
☐ Bringing sunscreen to school, applyin hours as needed	g when going outdoors and reapplying every two
☐ Wearing a wide-brimmed hat when o	outdoors
☐ Wearing sunglasses when outdoors	
Signed,	
[PHYSICIAN NAME]	[PHYSICIAN SIGNATURE]
[PARENT NAME]	

This form provided by:

