



sun safety

SUN PROTECTION AUTHORIZATION FORM by PROJECT SUNSCREEN®

To Whom It May Concern:

It is important for _____ to be protected from the sun
STUDENT NAME
during school hours and during after-school activities. This includes being allowed to:

- Bring sunscreen to school 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

DATE

PARENT NAME

PARENT SIGNATURE

DATE

