

SUNSCREEN FORM

55 Pa. Code §3270.133; §3280.133; §3290.133

Protocol for children requiring sunscreen application during child care hours is as follows:

- o For **Prescription Sunscreens**, the child's health care provider must complete and sign in section two below.
- o Sunscreen is only accepted in **original labeled container or box** with child's name. We will not accept home-made or sunscreens in any container other than that provided by manufacturer. Sunscreen must remain on campus.
- o Please only list one child per form.
- o Do **NOT** put any sunscreen in your child back pack. Please provide all sunscreen to our office with completed form.
- o **Sunscreen Forms must be renewed annually prior to the start of each summer session and at time of new or returning enrollment.**

SUNSCREEN FORM MUST BE COMPLETE, SIGNED, AND SUBMITTED TO OUR OFFICE FOR ANY PERSONAL SUNSCREEN TO BE STORED, USED AND ADMINISTERED BY OUR FACILITY STAFF

Child Name _____

Prescription – **FORM SIGNED BY HEALTH CARE PROVIDER** Non-Prescription – **FORM SIGNED BY PARENT**

Sunscreen Brand (Required) _____

Expiration Date (Required) _____ / _____ (MM / YYYY)

Special Directions for use _____

Applicable Sessions child is enrolled: Summer 2018 (6/18/18-8/24/18) School 2018-2019 (9/4/18-6/14/19)

TO BE COMPLETED BY PRESCRIBING HEALTH CARE PROVIDER FOR PRESCRIPTION SUNSCREENS

It is my understanding that the employees of a child care facility charged with the administration of this treatment/procedure during childcare hours rely on directions contained in this document. I further certify that I am the health care provider who prescribed the treatment, that the above medication and dosage information is accurate for the child named above, and that the child named above is under my supervision as a patient.

SIGNATURE OF HEALTH CARE PROVIDER _____

OFFICE ADDRESS _____

CONTACT PHONE _____ DATE _____

TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

As the parent/guardian of the above named child, I agree that my child has been administered the above listed medication by a parent/guardian prior to the requested administration by Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and that the above sunscreen will be provided to the Camp Curiosity office with all required labels, packaging, and expiration date to be stored by Camp Curiosity on campus throughout the duration of my child's attendance. I hereby request that the treatment described above be administered to my child and release Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and its employees from liability for any damages my child may suffer as a result of this request.

SIGNATURE OF PARENT/GUARDIAN _____

PRINTED NAME OF PARENT/GUARDIAN _____

CONTACT PHONE _____ **DATE** _____