Authorization to Administer Sunscreen

Child's name: Child's birth date:

I authorize my child to self-apply Wisconsin Youth Company provided sunscreen: Banana Boat Sport SPF 50

☐ Yes ☐ No

OR

I will provide sunscreen for my child to self-apply. Sunscreen will be in the original container and labeled with the child's first and last name. ☐ Yes ☐ No

Brand name: _____ SPF: _____

Sunscreen expiration date: _____ ☐ Not listed on container

Length of authorization: from _____ to _____

_____ _____

Parent or Guardian Signature Date