



SUNSCREEN MEDICATION ADMINISTRATION FORM

Virginia State Licensing requires that all children who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Have this form completed by the Physician, if applicable.
3. Bring the sunscreen in the original bottle, properly labeled.

Name of Child _____ Date of Birth _____

Today's Date _____ Name of Sunscreen _____

Sunscreen: _____

Specific time(s) and dose(s) to be given at school	Start Date:
	End Date:
Are there any physical restrictions for this child? If yes, what and how long?	
What are the side effects?	
Printed name, address, phone number of Physician	

TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby authorize Prince William Academy personnel to apply **SUNBLOCK** to my child

_____ as directed above.

Parent/Guardian Signature: _____ Date: _____