



SUNSCREEN PERMISSION FORM

Topical Ointment & Sunscreen Form

Child's name _____

Non-prescription Topical Children's Ointments: can be applied with authorization from

the parent/guardian according to the manufacturer's instructions for a period not to exceed one year. This includes diaper cream, sunscreen and other non-medicated (free from antibiotic, anti-fungal or steroidal components) topical ointments designated for use for children.

Note: All topical ointments must be provided in the original container, labeled with the child's full name.

I further agree to hold harmless San Diego French-American School and their staff, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Parent/Guardian Signature: _____ Date: _____

Physician's Information:

Medication: _____ Expiration Date: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects _____

Dosage: _____

Times of Administration: _____

Start Date _____ End Date _____ (Not to exceed 1 year)

Six Rights of Medication

1. Verification that the right child receives
2. The right medication
3. In the right dose
4. At the right time
5. By the right method
6. And the right documentation completed