



BLANKET SUNSCREEN RELEASE

Child's Name: _____

Date Range: From _____ to _____

Parent Signature: _____

Please apply _____ to prevent
(Name of sunscreen product)

sunburn to all exposed skin. I have provided the sunscreen product labeled with my child's name.

Please choose one:

_____ *My child is able to apply the product with supervision*

_____ *Staff must apply the product to my child*

This product must be applied prior to each trip outdoors if the child will be in direct sunlight more than _____ minutes.

REGULATORY COMPLIANCE

Staff are required to administer medication according to the directions or instructions on the medication's label.

Sunscreen and diaper ointment can be given with a blanket permission form.

922 KAR 2:120 Section 7

(5) The child care center shall keep a written record of the administration of medication, including:

- (a) Time of each dosage*
- (b) Date;*
- (c) Amount;*
- (d) Name of staff person giving the medication*
- (e) Name of the child; and*
- (f) Name of the medication*

Staff must complete Administration Record. The record must be kept on file for five (5) years.