



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.

ADMINISTRATION RECORD:

Date Time Signature Time Signature Time Signature Time Signature Time Signature

Date	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature

Attach additional sheets as needed to record administration.

Revised 7-24-18

