Authorization Form for
Non-prescription Over-the-Counter Skin Products

INSTRUCTIONS:
This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

Elsa's Blessings Day School
_____ has my permission to apply the non-prescription
(Name of Center)

over-the-counter (OTC) skin product listed below to my child _____
Child's Name

Product Name: _____

Known Adverse Reactions (if any): _____

_____

- All OTC products must:
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be used beyond the expiration date of the product

- Sunscreen:
  - Must have a minimum sunburn protection factor (SPF) of 15
  - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
  - Children nine yrs. and older may self administer sunscreen if supervised

- Diaper ointment/cream and Insect repellents:
  - Shall be kept inaccessible to children
  - Record of use shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions

This authorization is effective from: _____until: _____
(Start date) **(End date)**

Parent's Signature: _____ **Date:** _____