



Authorization Form for NON-Prescription Over the Counter Skin Products

INSTRUCTIONS:

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

- ⇒ Sunscreen
- ⇒ Diaper Ointment or Cream
- ⇒ Insect Repellent

Like Arrows Learning Center Staff has my permission to apply the non-prescription over the counter skin product listed below to my child, _____.

Product Name: _____

Known Adverse Reactions (if any): _____

All OTC products must:

- ⇒ Be in the original container and labeled with the child's name
- ⇒ Be used according to manufacturer's recommendation and instructions for application
- ⇒ Not be used beyond the expiration date

Sunscreen:

- ⇒ Must have a minimum sunburn protection factor (SPF) of 15
- ⇒ Shall be inaccessible to children under 5 years
- ⇒ Children 9 years and older may self administer sunscreen if supervised

Diaper Ointment/Cream & Insect Repellents:

- ⇒ Shall be kept inaccessible to children
- ⇒ Record of use shall be kept that includes child's name, date, frequency of application and any adverse reactions

This authorization is effective from: _____ until _____.

Not to exceed 1 year or passed the expiration date of the product.

Parent's Signature: _____ Date: _____