



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

Mountaintop Montessori

(Name of Provider)

has my permission to apply the non-prescription

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 child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: _____

(Start date)

until: _____

(End date must be expiration date on product at the latest)

Parent's Signature: _____

Date: _____