



Authorization Form for Sunscreen Provided by Mountaintop

INSTRUCTIONS:

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

- Sunscreen

_____ Mountaintop Montessori _____ has my permission to apply the non-prescription
(Name of Provider)

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

Product Name: _____ Thinkspport SPF 50+

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: _____ August 20, 2018 _____ until: _____ August 20, 2019 _____
(Start date) **(End date must be expiration date on product at the latest)**

Parent's Signature: _____ Date: _____