



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:

- Chapstick
- Sunscreen
- Lotion
- Diaper Cream or Ointment
- Insect Repellent

King of Glory School 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 labeled with the child's name.
- Be used according to the manufacturer's recommendation and instructions for application.
- Not be used beyond the expiration date.

Sunscreen

- Must have the minimum sunburn protection factor (SPF) of 15.
- Shall be inaccessible to children under age 5 years.

Diaper Cream or Ointment

- 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 in effect from: _____ until: _____
(Start Date) (End Date)

Parents Signature: _____ Date: _____