

AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant
as required by 8VAC20-800-750 of the Standards for Licensed Family Day Homes)

_____ has my permission to apply the following
(Name of Provider) non-prescription topical skin product to my child,

_____.
(Name of Child)

Product Name: _____

Known Adverse Reactions (if any): _____

-
- The product must be in the original container and, if provided by the parent, labeled with the child's name
 - Manufacturer's instructions for application must be followed
 - Parents must be informed immediately of any adverse reaction
 - The product must not be used beyond the expiration date of the product
 - Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: _____ Date: _____