



Parent Authorization for non-prescription over-the-counter skin Products

This form must be completed by Parent/Guardian to authorize the use of these products.

Child's Name: _____ Class: _____

Parents will provide any items they want applied and need to initial if they give St. John's ECEC staff permission to apply items. Any known adverse reactions must be written below. If it is "as needed", **please specify when the teacher should apply medication**. (ie. Chapped lips, please apply until lips are healed)

_____ Sunscreen (brand): _____

ECEC will only apply sunscreen in the afternoon. Parents must apply in the morning

Where to apply and any adverse reactions/conditions to look out for: _____

_____ Insect Repellent: _____

Where to apply and any adverse reactions/conditions to look out for: _____

_____ Diaper Cream (brand): _____

When to apply and any adverse reactions/conditions to look out for: _____

_____ Lip Balm (brand): _____

When to apply and any adverse reactions/conditions to look out for: _____

All OTC products:

- Shall NOT be kept or used beyond the expiration date of the product.
- Need to be in the original containers labeled with the child's first and last name.
- Should be given to staff members and will be inaccessible to children.

Date: _____ Parent's Signature _____

Teacher's Signature _____