

## Authorization Form for Non-prescription Over-the-Counter Skin Products Licensed Child Day Centers

**VDSS Division of Licensing Programs Model Form** 

## **INSTRUCTIONS**:

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

- Sunscreen
- Diaper ointment or cream
- Insect repellent

	nas my permission to apply the non-prescription
(Name of Provider)	
over-the-counter (OTC) skin product	isted below to my child,(Child's name)
Product Name:	
Known Adverse Reactions (if any): _	
All OTC products must:	
<ul> <li>Be used according to ma</li> </ul>	er and, if provided by the parent, labeled with the child's name inufacturer's recommendation and instructions for application expiration date of the product
<ul> <li>Shall be inaccessible to</li> </ul>	Inburn protection factor (SPF) of 15 children under 5 yrs. & children in therapeutic or special needs programs der may self administer sunscreen if supervised
<ul> <li>Diaper ointment/cream and Insersion</li> <li>Shall be kept inaccessib</li> <li>Record of use shall be k reactions</li> </ul>	
This authorization is effective from	:until: (Start date) (End date)
Parent's Signature:	Date:

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