

**PERMISSION FORM FOR OVER THE COUNTER  
TOPICAL OINTMENTS, SUNSCREEN AND INSECT REPELLANT**

Date of Permission: 01/01/24

Permission expiration: 12/31/24

I, \_\_\_\_\_, the parent of, \_\_\_\_\_

Authorize the day care program to administer the following:

**1. Name of Product:**

- a. Name of product: \_\_\_\_\_
- b. Reason to apply: \_\_\_\_\_
- c. Timing: \_\_\_\_\_
- d. Where to use: \_\_\_\_\_
- e. Amount to apply: \_\_\_\_\_
- f. Side Effects or Adverse Reactions: \_\_\_\_\_  
( ) Parent ( ) Stock

**2. Name of Product:**

- a. Name of product: \_\_\_\_\_
- b. Reason to give: \_\_\_\_\_
- c. Timing: \_\_\_\_\_
- d. Where to use: \_\_\_\_\_
- e. Amount to apply: \_\_\_\_\_
- f. Side Effects/Adverse Reactions: \_\_\_\_\_  
( ) Parent ( ) Stock

**3. Name of Product:**

- a. Name of product: \_\_\_\_\_
- b. Reason to give: \_\_\_\_\_
- c. Timing: \_\_\_\_\_
- d. Where to use: \_\_\_\_\_
- e. Amount to apply: \_\_\_\_\_
- f. Side Effects/Adverse Reactions: \_\_\_\_\_  
( ) Parent ( ) Stock

**4. Name of Product:**

- a. Name of product: \_\_\_\_\_
- b. Reason to give: \_\_\_\_\_
- c. Timing: \_\_\_\_\_
- d. Where to use: \_\_\_\_\_
- e. Amount to apply: \_\_\_\_\_
- f. Side Effects/Adverse Reactions: \_\_\_\_\_  
( ) = Parent ( ) = Stock

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below indicates that I have received the listed over the counter topical ointment, sunscreen, and/or insect repellant. I have reviewed and confirmed that the parent's instructions are consistent with the directions for use noted on the original container.

Name of Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Be sure to check if item was supplied by parent or from stock