Discretionary Use of Approved Topical Medications:

Please Do Not write “any” for the brands

Student Name _____

Please accept this authorization for my child to receive the following approved topical medications as needed:

- ☐ Diaper Rash Cream

  Please indicate brand: _____

- ☐ Sunscreen

  Please indicate the brand and SPF: _____

- ☐ Chapstick

  Please indicate the brand: _____

- ☐ Bug Spray

  Please indicate the brand: _____

- ☐ Lotion

  Please indicate brand: _____

Parent Name: _____

_____ _____

Parent Signature *Date*