

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:

- Diaper ointment or cream
- Insect repellent

	(Name of Duniday)	nas my permission to apply the non-prescription	
	(Name of Provider)		
over the cour	nter (OTC) skin product listed below to my	child,	
		(Child's name)	
Product Nam	e:		
Known Adver	se Reactions (if any):		
• All OT	C products must:		
0			
0	Be used according to manufacturer's recomm		
0	Not be used beyond the expiration date of the	product	
• Sunscr	een:		
0	, , , , , , , , , , , , , , , , , , ,		
0	Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs		
0	Children nine yrs. and older may self adminis	er sunscreen if supervised	
 Diaper 	ointment/cream and Insect repellents:		
	Shall be kept inaccessible to children		
0	Record of use shall be kept that includes child reactions	d's name, date, frequency of application, and any adverse	
This authorization is effective from:(Start date		until:	
	(Start date	(End date)	
Parent's Signature:		Date:	