



Authorization to Administer OTC Skin Products

This form authorizes Curie Preschool staff to apply non-prescription over the counter (OTC) skin products to your child when necessary, during school hours and school-related activities.

CHILD INFORMATION

Child's Name: _____

Program/Class: _____

Location: ☐ Herndon ☐ South Riding

AUTHORIZED PRODUCTS

(Please check all that apply)

☐ Sunscreen

☐ Diaper Ointment / Cream

☐ Insect Repellent

☐ Lotion / Moisturizer

☐ Lip Balm / Chapstick

☐ Other: _____

PRODUCT INFORMATION

Product Name / Brand: _____

Known Allergies or Adverse Reactions (if any):

IMPORTANT INFORMATION

All OTC products must:

- Be provided in the original container
- Be clearly labeled with the child's name
- Be used according to manufacturer instructions



Authorization to Administer OTC Skin Products

- Not be expired

Additional Requirements:

- Sunscreen must have a minimum SPF of 15.
- OTC products will be stored safely and kept inaccessible to children when required.
- Records of application may be maintained as required by licensing regulations.

AUTHORIZATION PERIOD

This authorization is effective:

From: _____ To: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize Curie Preschool staff to apply the OTC products listed above to my child as needed and according to product instructions.

I understand that this form is intended for over-the-counter skin products only and does not replace the Virginia Medication Authorization Form required for prescription or long-term medication administration.

PARENT/GUARDIAN SIGNATURES

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

Last Updated: May 2026