

# KID'S ACADEMY

## AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT

(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant)

\_\_\_\_\_ has my permission to apply the following non-prescription  
(Name of Provider) topical skin product to my child,

\_\_\_\_\_  
(Name of Child)

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any):  
\_\_\_\_\_  
\_\_\_\_\_

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: \_\_\_\_\_ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_