

# Authorization for Non-Prescription Skin Products

**Child's Full Legal Name:**

**Date of Birth:**

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
- Lip balm
- Hand sanitizers
- Insect repellent
- Lotions

Parent has agreed to provide:	

Note: Consider adding the brand name of the non-prescription items for transparency.

**Date**

**Signature of Parent**

**Please be advised that the above form must be signed even if non-applicable to your child. Simply write non-applicable.**

**Should you choose at a later date to send your child with any of the above mentioned you will be required to sign this form.**