Epiphany Preschool

Authorization Form for Non-prescription Over-the-Counter Skin Products Licensed Child Day Centers

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Insect repellent

Epiphany Preschool has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child, ______.

(Child's name)

Product Name: _____

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to the manufacturer's recommendation and instructions for application
 - \circ $\;$ Not be used beyond the expiration date of the product
- <u>Sunscreen</u>:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
- Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from:		until: _		
	(Start date)		(End date)	
Parent's Signature:			Date:	
			Butter	