



# Topical Basic Care Product Application Authorization form



Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

I authorize the child care staff to apply and store the topical basic care product as indicated per the manufactures' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the above-named child.

**Product name:** Check all that apply

- Sunscreen
- Insect Repellent
- Diaper Rash product

**Please note:**

- Please apply bug repellent/sunscreen **before** your child comes to school.
- If your child stays for a full day and you want bug repellent/sunscreen reapplied we will reapply **daily** at 3:00. Product must be **provided and labeled with child's name.**
- Sunscreen/Insect Repellent will be returned when no longer being used.

## To be completed by family

Parents printed name and signature	Date

## To be completed by program

Name of Staff Receiving Product	Signature and Date