



Non-Prescription Authorization Form

Child's Name:

Authorization Form for Non-Prescription Over-the-Counter Skin Products

INSTRUCTIONS:

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

- Sunscreen
- Diaper Ointment or Cream
- Insect Repellent

Westhampton Day School has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child.

Product Name:	
Known Adverse Reaction (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 manufacturer's recommendation and instructions for application
- Not be used beyond the expiration date of the product

Sunscreen

- Must have a minimum sunburn protection factor (SPF) of 15
- Shall be inaccessible to children under five-years-old and children in therapeutic or special needs programs
- Children nine years and older may self-administer sunscreen if supervised

Diaper Ointment/Cream and 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 form is effective from: _____ until _____
(Start Date) (End Date)

Parent and/or Signature:	Date:
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