

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

**VDSS Division of Licensing Programs Model Form** 

## **INSTRUCTIONS**:

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

Parent's Signature:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

(Name of Provider)	nas my permission to apply the non-prescription
over-the-counter (OTC) skin product listed	d below to my child,(Child's name)
Product Name:	
Known Adverse Reactions (if any):	
<ul> <li>Be used according to manufacter Not be used beyond the expiration</li> <li>Sunscreen:         <ul> <li>Must have a minimum sunburre</li> <li>Shall be inaccessible to children</li> </ul> </li> </ul>	
<ul> <li>Diaper ointment/cream and Insect reperson</li> <li>Shall be kept inaccessible to one</li> <li>Record of use shall be kept the adverse reactions</li> </ul>	
This authorization is effective from:	until:(Start date) (End date)

Date: