## Authorization Form for Non-prescription Over-the-Counter Skin Products 8VAC20-780-520

## **INSTRUCTIONS**:

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

Sunscreen

(10/21-2)

- Diaper ointment or cream
- Insect repellent

Life Academy (Name of Center)		has my permission to apply the non-prescription
	•	Child's Name
Product Name	Equate SPF 50 Sunscreen	
Known Advers	se Reactions (if any):	
• <u>All OT</u>	C products must:  Be in the original container and, if provided by the Be used according to manufacturer's recommendation Not be used beyond the expiration date of the products.	ation and instructions for application
• <u>Sunscr</u>	een:  Must have a minimum sunburn protection factor of Shall be inaccessible to children under 5 yrs. & cl. Children nine yrs. and older may self administer states.	hildren in therapeutic or special needs programs
• <u>Diaper</u>	ointment/cream and Insect repellents:	
0	Shall be kept inaccessible to children Record of use shall be kept that includes the child reactions	's name, date of use, frequency of application and any adverse
This authoriz	ation is effective from: 4/12/2023	until: 4/12/2024
	(Start date)	(End date)
Parent's Signature:		Date:

CDC Over-the-counter skin product authorization