

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

VDSS Division of Licensing Programs Model Form

INSTRUCTIONS:

032-05-0430-00-eng (06/12)

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

- Sunscreen
- Diaper ointment or cream
- Insect repellent

RMShas my permission to apply the non-prescription				
over-the-counter (OTC) skin product listed below to my child,(Child's name)				
Product Name:				
Known Adver	rse Reactions (if any):			
All OT	C products must:			
· · · · · · · · · · · · · · · · · · ·	Be in the original container and, if provided by the parent, labeled with the child's name			
 Sunscreen: 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 Children nine yrs. and older may self administer sunscreen if supervised 				
	ointment/cream and Insect repellents: Shall be kept inaccessible to children Record of use shall be kept that includes child's nareactions	ame, date, frequency o	f application, and any adverse	
This authoriz	zation is effective from:(Start date)	until:	(End date)	
Parent's Signature:		Date:		