



Authorization of Non-Prescription Products

Name of child: _____ Date of Birth: _____ Age: _____

Parent(s) or guardian(s) name: _____

Program/provider's name: _____

All over the counter (OTC) products require written parental permission on a yearly basis. The following OTC product may be applied to my child in accordance with the manufacturer's instructions on the original container:

Note: This form should not be used for over-the-counter medications such as Tylenol, Motrin, Benadryl, etc. "Authorization for Non-prescription Medications" for over-the-counter medications should be used.

Note: All products should be kept out of the reach of children or used only with close supervision.

Please fill out completely and print clearly.

Type of Product	Brand Name
<input type="checkbox"/> Diaper ointment/cream <ul style="list-style-type: none"> • Powder is not recommended to use 	
<input type="checkbox"/> Skin Lotion	
<input type="checkbox"/> Lip Balm	
<input type="checkbox"/> Sunscreen (for child over 6 months) Use No Sunscreen Form if you do not want sunscreen used on your child. <ul style="list-style-type: none"> • Aerosol is not recommended 	
<input type="checkbox"/> Insect Repellent (for child over 2 months) Use No Insect Repellent Form if you do not want insect repellent used on your child <ul style="list-style-type: none"> • Aerosol is not recommended 	
<input type="checkbox"/> Antibacterial first aid ointment	
<input type="checkbox"/> Hand Sanitizer <ul style="list-style-type: none"> • Not recommended to use on children under 2 years of age • Not recommended to contain methanol 	
<input type="checkbox"/> Toothpaste	

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____

Date: _____

Note: This form needs to be updated on a yearly basis.