AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT

(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant as required by 22 VAC 40-111-750 of the Standards for Licensed Family Day Homes)

	has my permission to apply the following
(Name of Provider)	non-prescription topical skin product to my child,
(Name of Child))	
Product Name:	
Known Adverse Reactions (if any):	
The product must be in the original containame	ner and, if provided by the parent, labeled with the child's
 Manufacturer's instructions for application 	must be followed
Parents must be informed immediately of	
 The product must not be used beyond the 	expiration date of the product
Sunscreen must have a minimum sunburn	n protection factor (SPF) of 15
This authorization is effective until:calendar year from the date of the parent's si	(the effective period must not exceed one gnature below).
Parent's Signature:	Date: