

TOPICAL SKIN PRODUCT AUTHORIZATION

Topical skin products include sunscreen, diaper ointment and lotion, oral teething medicine and insect repellent.

Provider's Name: _____

Child's Name: _____

The above provider has my permission to apply the following non-prescription topical skin product to my child.

Product Name: _____

Purpose of Use: _____

Known Adverse Reaction (if any): _____

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____

The effective period must not exceed one calendar year from the date of the parent's signature below.

Parent's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____