

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

Parent(s) or Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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