

**Authorization for Application of
Diaper Cream/Sunscreen/Lotion/Lip Balm**

Separate Authorization Forms Must Be Completed For Each Child

1. Product will be provided in its original container.
2. A staff person will apply product only if written authorization is provided.
Instructions on the product label will be followed.
3. Product will be clearly labeled with the child's first and last name. Product will be applied only to the child whose name appears on the container.

Child's Name: _____ D.O.B. _____

Address: _____

Phone: _____

PLEASE LIST PRODUCT NAME FOR EACH ITEM BELOW

Diaper Cream: _____

Dates to be applied: _____

Times to be applied: At each change/
When bottom is red

Diaper cream/other: _____

Dates to be applied: _____

Times to be applied: _____

Powder: _____

Dates to be applied: _____

Times to be applied: At each change/
When bottom is red

Sunscreen/Bug Spray: _____

Dates to be applied: _____

Times to be applied: Am & Pm Outside times (1st application
must be done at home-prior to arrival)

Lotion: _____

Dates to be applied: _____

Times to be applied: when skin is chaffed when skin is irritated

Lip Balm: _____

Dates to be applied: _____

Times to be applied: When lips are chapped/
Am & Pm outside times

I understand that I must supply the child care program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration. I have administered at least one dose of the above medication to my child without adverse side effects.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Start Date: _____ End Date: _____