Authorization Form for
Non-prescription Over-the-Counter Skin Products
Licensed Child Day Centers
VDSS Division of Licensing Programs Model Form

INSTRUCTIONS:
This form must be completed by the parent/guardian to authorize the use of:
- Sunscreen
- Diaper ointment or cream
- Insect repellent

________________________________________________________________________ has my permission to apply the non-prescription
(Name of Provider)
over-the-counter (OTC) skin product listed below to my child, _____________________________.
(Child’s name)

Product Name: _____________________________________________________________________

Known Adverse Reactions (if any): _____________________________________________________________________

All OTC products must:
- Be in the original container and, if provided by the parent, labeled with the child’s name
- Be used according to manufacturer’s recommendation and instructions for application
- Not be used beyond the expiration date of the product

Sunscreen:
- Must have a minimum sunburn protection factor (SPF) of 15
- Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
- Children nine yrs. and older may self administer sunscreen if supervised

Diaper ointment/cream and Insect repellents:
- Shall be kept inaccessible to children
- Record of use shall be kept that includes child’s name, date, frequency of application, and any adverse
  reactions

This authorization is effective from: _______________________ until: ______________________
(Start date) (End date)

Parent’s Signature: ______________________ Date: ________________

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