



Authorization Form for Non-Prescription Over-the-Counter Skin Products

INSTRUCTIONS: This form must be completed by student's legal guardian to authorize the use of *sunscreen, diaper ointment or cream and insect repellent.*

Reston Montessori School has my permission to apply the non-prescription over-the-counter skin product listed below to my child, _____.
(Child's first/last name)

Product Name: _____

Product Expiration: _____

Known Adverse Reactions (if any): _____

ALL over-the-counter products MUST:

- Be in the original container and labeled with the child's name
- Be used according to the manufacturer's recommendation and instructions for application
- Not be used beyond the expiration date of the product

Sunscreen:

- Must have a minimum SPF of 15
- Shall be inaccessible to children under 5 years
- Children nine years 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
- Follow label directions for use longer than seven days; consult with a physician as directed.

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

Parent/Legal Guardian's Signature _____ Date _____