AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant
as required by 8VAC20-800-750 of the Standards for Licensed Family Day Homes)

__________________________________________ has my permission to apply the following
non-prescription topical skin product to my child, ____________________________________________.

(Name of Provider)

(Name of Child)

Product Name: __________________________________________

Known Adverse Reactions (if any): _______________________________________________________

• The product must be in the original container and, if provided by the parent, labeled with the
cchild'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: _____________