

# TOPICAL BASIC CARE PRODUCT APPLICATION AUTHORIZATION FORM

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner.

**Child's Name:** \_\_\_\_\_

**Diaper Rash Product Name:** \_\_\_\_\_

How to use product: \_\_\_\_\_

Received By (Staff Name): \_\_\_\_\_ Date Received: \_\_\_\_\_

**Sunscreen Product Name:** \_\_\_\_\_

How to use product: \_\_\_\_\_

Received By (Staff Name): \_\_\_\_\_ Date Received: \_\_\_\_\_

**Insect Repellent Product Name:** \_\_\_\_\_

How to use product: \_\_\_\_\_

Received By (Staff Name): \_\_\_\_\_ Date Received: \_\_\_\_\_

I authorize the child care staff to apply and store the topical basic care product(s) as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**UPDATES** \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date)