

NON-PRESCRIPTION TOPICAL LOTION/SUN SCREEN PERMISSION

I give permission for the staff of LCPC to administer

_____ (topical lotion name)

to my child _____ age _____ wt. _____

as indicated in the directions.

Parent signature _____ Date _____

Requirements:

Child's name must be on the lotion.

Written parental permission is not required for lip balm use or for using hand sanitizer

Product must be stored in the original container with a manufacturer's label that includes directions based on the age and/or weight of the child.

Apply the non-prescription topical products and lotions according to the manufacturer's instructions. Documentation is not required by the staff.

Do not administer topical product until after the child has received the first application at least once prior to the center applying the product, to avoid unexpected reactions.

This form is good for twelve months from the date of the form, or until the expiration date on the lotion, whichever comes first.