

Authorization Form for Non-prescription Over-the-Counter Skin Products Licensed Child Day Centers

VDSS Division of Licensing Programs Model Form

INSTRUCTIONS:

TRIPLE C CAMP

032-05-0430-00-eng (06/12)

This form must be completed by the parent/guardian to authorize the use of:

- Diaper ointment or cream
- Insect repellent

| (Name of Provider) over-the-counter (OTC) skin product listed below to my chi | | has my permission to apply the non-prescription | |
|--|---|---|--|
| | | | |
| | | d,(Child's name) | |
| Product Nam | ne: | | |
| Known Adve | rse Reactions (if any): | | |
| All OT | C products must: | | |
| 0 | Be in the original container and, if provided by the Be used according to manufacturer's recommer Not be used beyond the expiration date of the p | ndation and instructions for application | |
| • Sunso | Must have a minimum sunburn protection factor | children in therapeutic or special needs programs | |
| | r ointment/cream and Insect repellents: Shall be kept inaccessible to children Record of use shall be kept that includes child's reactions | name, date, frequency of application, and any adverse | |
| This authori | zation is effective from: JUNE 2, 2025 (Start date) | until: AUGUST 15, 2025 (End date) | |
| Parent's Signature: | | Date: | |