



**OVER-THE-COUNTER TOPICAL PERMISSION FORM**

This form authorizes \_\_\_\_\_  
 (Name of Facility)

to apply the following to \_\_\_\_\_  
 (Name of Child)

Parent/guardian: Circle Yes or No, write your initials, and indicate the brand(s) that may be used on your child.

TYPE	CIRCLE		INITIAL	BRAND(S)
	Yes	No		
*Diaper Ointment	Yes	No	_____	_____
*This must have a medication authorization form completed and updated yearly				
*Sun Screen	Yes	No	_____	_____
*Bug Spray/Insect Repel.	Yes	No	_____	_____
Lip Balm	Yes	No	_____	_____
Hydrocortisone Cream	Yes	No	_____	_____
*This must have a medication authorization form completed and updated yearly				
Anti-Bacterial Ointment	Yes	No	_____	_____
*This must have a medication authorization form completed and updated yearly				

Allergies: \_\_\_\_\_

The following conditions apply:

- 1) This form applies only to the brand(s) listed above.
- 2) This form must be updated annually.
- 3) Manufacture's guidelines for application will be followed.
- 4) The \* means that this is a licensing regulation.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

This authorization expires on: \_\_\_\_\_ (1 year from date signed)