

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

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

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

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

<u>TYPE:</u>	<u>CIRCLE</u>		<u>INITIAL</u>	<u>BRAND(S)</u>
Sunscreen	Yes	No	_____	_____
Diaper ointment	Yes	No	_____	_____
Lip balm	Yes	No	_____	_____
Anti-bacterial ointment	Yes	No	_____	_____
Bug/Insect repellent	Yes	No	_____	_____
Bandages	Yes	No	_____	_____
Other: _____	Yes	No	_____	_____

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.

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

\_\_\_\_\_  
Date

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