



South Riding, VA

**AUTHORIZATION TO APPLY A
NON-PRESCRIPTION TOPICAL SKIN PRODUCT**

This form is intended for diaper ointments, lotions, creams, special soaps, personal sunscreen, and other topical products as approved by admin.

Childs Name: _____

Product Name: _____

Application Instructions: _____

Known Adverse Reactions (if any): _____

The product must be in the original container and be labeled with the child's full name!

- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date
- If the product has no expiration date, the product may be used for up to one year from the date signed by the parent.

Parent's Signature: _____ Date: ____/____/____

Notes: _____
