



Authorization Form for Non-prescription Over-the-Counter Skin Products

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

- Sunscreen
- Diaper ointment or cream
- Insect repellent

Madison Montessori Academy has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child _____

Product Name:

Purchase Date:

Reason for skin product (if any):

Instructions (if any):

· **All OTC products must:**

- Be in the original container and, if provided by the parent, labeled with the child's name
- Be used according to manufacturer's recommendation and instructions for application
- Not be used beyond the expiration date of the product

This authorization is effective from: _____ until: _____

Parent's Signature: _____ Date: _____