



Authorization Form for Non-Prescription Over-the-Counter Skin Products Orange County School Age Child Care Programs

INSTRUCTIONS:

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

- Sunscreen
- Insect Repellent
- Bee Sting Swabs
- Antibiotic Ointment

❖ The Orange County School Age Child Care Staff (OCSACC) has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child: _____
(Child's Name)

❖ Please check which item you are giving permission for use:

- ___ Antibiotic Ointment for first aid purposes (will be provided by OCSACC Program)
- ___ Sunscreen → ___ Will provide my own ___ Will use OCSACC product
- ___ Insect Repellent (must be provided by the parent/guardian) Name of product: _____
- ___ Bee sting swabs (will be provided by OCSACC Program)
- ___ Other → name of Product: _____

❖ Please list any known adverse reactions (if any) to the above products – if none, write “N/A”:

❖ **All OTC products must:**

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

❖ **Sunscreen:**

- Must have a minimum sunburn protection factor (SPF) 15
- Shall be inaccessible to children under 5 yrs.
- Children nine (9) yrs. and older may self administer sunscreen if supervised

❖ **Insect Repellent / Other topical Ointments**

- Shall be kept inaccessible to children
- Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: _____ until _____
(Start Date) (End Date)

Parent/Guardian Signature: _____ Date: _____