



**REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION
TOPICAL PRODUCTS OR LOTIONS**

This form must be updated annually, or when transitioning to another classroom.

The following section must **ALWAYS** be completed by the parent / guardian. Completion of this form authorizes any teacher, nurse, or administrator to apply non-prescription topical products or lotions such as diaper cream, sunscreen, and / or ointments.

Complete All Of The Information Below:

Name Of Child: _____ Date Of Birth: ____/____/____

Child's Classroom: _____

Name Of Non-Prescription Topical Product Or Lotion: _____

To Be Administered At The Following Times And / Or With The Following Symptoms: _____

Possible Side Effects: _____

Any Special Instructions: _____

Parent / Guardian Signature: _____ Date: ____/____/____

