

ELIBUNNY Family Child Care

AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant
as required by 22 VAC 40-111-750 of the Standards for Licensed Family Day Homes)

ELIBUNNY Family Child Care staff

Elizabeth M. Zanetti

Nataly A. Rodriguez

Guadalupe M. Aguilar

Luisa A. Zanetti

(Name of Provider)

has my permission to apply the following
non-prescription topical skin product to my child,

(Name of Child)

Product Name: _____

Known Adverse Reactions (if any): _____

- The product must be in the original container and, if provided by the parent, labeled with the child's 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 of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: _____ Date: _____