

HMS Authorization Form for Non-Prescription Over-the-Counter Skin Products

Child's Name: _____ Child's D.O.B _____

Child's Teacher: _____

Instructions:

Only one skin product per form.

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

1. Sunscreen
2. Insect Repellent
3. Diaper Cream
4. Lotion/other over-the-counter cream

Name of product (e.g. Desitin): _____

Expiration Date of product: _____

Known Adverse Reactions (if any): _____

All OTC products must:

1. Be in the original container and labeled with the child's name.
2. Be used according to manufacturer's recommendation and instructions for application.
3. Not to be used beyond the expiration date of the product.
4. Sunscreen Must have a minimum sunburn protection factor (SPF) of 15

I hereby request Ha'penny Montessori School personnel to apply above said OTC skin product directed in this authorization. I agree to release, indemnify, defend and hold harmless Ha'penny Montessori School and its staff from any and all claims, damages, liabilities, costs, attorney fees, personal injury or other damages arising out of assisting the above named student with or otherwise applying the use of above said OTC skin product. I also agree that the school can compile a list and include my child's information on the same for purposes of advising staff as to the above.

This authorization is effective from: _____ until: _____
(Start Date) (End Date, 12 months from start date)

Parent's Signature: _____ Date: _____

OFFICE USE ONLY

_____ Form is complete, including parent /guardian signature

_____ OTC skin product is in original packaging with child's name on it.

Additional Notes: