

Child's Name:

AUTHORIZATION FOR APPLYING OVER THE COUNTER PRODUCTS DIAPER CREAMS, CREAM/ LOTIONS/OINTMENTS, LIP BALM, SUNSCREEN & INSECT REPELLANT- 2023-2024

Teacher's Name:

Dates to be applied: From to	Name of product/s being applied:
Please apply the following:	Apply to:
Diaper Cream: ☐ Yes ☐ No	☐ Diaper area
Skin Croom/Lation/ointments Voc. No	☐ All exposed skin
Skin Cream/Lotion/ointment: Yes No	☐ Face only
Lip Balm: ☐ Yes ☐ No	Other (specify):
Sunscreen: ☐ Yes ☐ No	When to apply:
Insect Repellant: ☐ Yes ☐ No	☐ After diaper change
	☐ Before going outside
Othor	☐ Other (specify):
Other:	
School follows the National Health & Safety Performance Standard recom least 15 SPF. Insect repellent should have at least 10% DEET but no more	cated (which I will supply) to the above-mentioned child. I understand that Becker mendations for these products. Sunscreen should have a UVA/UVB protection of a than 30% DEET. Non-DEET products are acceptable provided they are approved for iner and labeled with my child's name. By signing below, I release Becker Early my child may suffer from the product(s) I am requesting to be applied.
Signature of Parent/Guardian	 Date