

**Authorization for use of Non-Prescriptive Topical Creams,
Teething gels, Ointments,
Sunscreen, and Insect Repellent**

All non-prescription topical medicine must be in their original container and labeled with child's name.

Child's Full Name _____ Class _____

Name of Topical _____

When Topical should be applied _____

Start Date _____ End Date _____

Parent/Guardian Signature _____ Date _____

Name of Topical _____

When Topical should be applied _____

Start Date _____ End Date _____

Parent/Guardian Signature _____ Date _____

Name of Topical _____

When Topical should be applied _____

Start Date _____ End Date _____

Parent/Guardian Signature _____ Date _____