Authorization Form for
Sunscreen Provided by Mountaintop

INSTRUCTIONS:
This form must be completed by the parent/guardian to authorize the use of:
• Sunscreen

_____________________________ has my permission to apply the non-prescription
(Name of Provider)
over-the-counter (OTC) skin product listed below to my child, _____________________________.
(Child’s name)
Product Name: ________________________________________________________________
Known Adverse Reactions (if any): ________________________________________________

• All OTC products must:
  o Be in the original container and, if provided by the parent, labeled with the child's name
  o Be used according to manufacturer's recommendation and instructions for application
  o Not be used beyond the expiration date of the product

• Sunscreen:
  o Must have a minimum sunburn protection factor (SPF) of 15
  o Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
  o Children nine yrs. and older may self administer sunscreen if supervised

• Diaper ointment/cream and Insect repellents:
  o Shall be kept inaccessible to children
  o Record of use shall be kept that includes child’s name, date, frequency of application, and any adverse
    reactions

This authorization is effective from: __________________________ until: __________________________
(Start date) (End date must be expiration date on product at the latest)

Parent’s Signature: __________________________ Date: __________________________

August 20, 2019 August 20, 2020

Mountaintop Montessori

Thinksport SPF 50+