



## Sunscreen, Insect Repellent, and Diaper Cream Authorization Form

Name of Child: \_\_\_\_\_

Childs Age and DOB: \_\_\_\_\_

We recommend that you allow us to apply a sunscreen product (broad spectrum with SPF 15 or higher) and insect repellent to your child, when he/she will be playing outside, especially during the months of March through October and between the hours of 10 AM and 4 PM. Sunscreen and insect repellent may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

### Sunscreen

- I have/will provide the following brand/type of sunscreen for use for my child: \_\_\_\_\_
- For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_
- My child is allergic to some sunscreens. Please use ONLY what I have labeled and provided.

### Insect Repellent

- I have/will provide the following brand/type of Insect Repellent for use for my child: \_\_\_\_\_
- For medical or other reasons, please do NOT apply Insect Repellent to the following areas of my child's body: \_\_\_\_\_
- My child is allergic to some Insect Repellants. Please use ONLY what I have labeled and provided.

I acknowledge that I am aware of and agree with the provider's policy of applying Sunscreen and Insect Repellent as needed, and that I am still responsible for applying to my child prior to drop-off every day during the months suggested.

### Diaper Cream/Ointment

- I have/will provide the following brand/type of diaper cream/ointment for use for my child: \_\_\_\_\_
  - My child is allergic to some creams/ointment. Please use ONLY what I have labeled and provided.  
Apply as follows:
    - When Rash is present / as needed
    - With every diaper change
- Any special Instructions or other information: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_