

Over the Counter Authorization Form

I _____ (Parent's Name) authorize the JCC Wolk Children's Center faculty to apply the following checked items as per my instructions stated below. I am aware that the Wolk Children's Center staff can only administer Over the Counter topical products in accordance with manufacturer's instructions.

Child's name: _____ Classroom: _____

Unscented moisturizing lotion: _____ (Product Name)

When to apply: Please be specific:

Diaper Cream: _____ (Product Name)

When to apply: Please be specific:

Sunscreen: _____ (Product name) (non-aerosol only/nut-free):

When to apply: Please be specific: (Ex: before outdoor play, only when sunny, etc.)

Lip Balm: _____ (non-medicated/nut free)

When to apply: Please be specific:

PLEASE SIGN & DATE

Parent/Guardian signature: _____ Date: _____

School Year: July _____ - June _____