



SUN SCREEN/DIAPER OINTMENT/INSECT REPELLENT AUTHORIZATION FORM

The item below will be applied on a child ONLY with the parent or guardian's COMPLETED written consent.

Child's Name _____ Date of Birth _____

MCC has my permission to administer the following:

Name of lotion/spray/cream: _____

Dosage: _____

Time(s) to be Administered: _____

Route of Administration: _____

Special Instructions: _____

Any known adverse reaction or side effects to this lotion/spray/cream: _____

Date of Authorization: _____

Signature of Parent and/or Guardian _____

Date/Time	Any adverse reactions? Or Medication Errors	Parent Notified Yes/No	STAFF