



**425 South Washington Street,
Alexandria, Va. 22314**

P.O. Box 320423
Alexandria, VA 22320
info@alexacademy.com

Please complete this form to authorize the use of the following products:

- * Sunscreen
- * Diaper ointment
- * Bug Spray

_____ 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:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
 - Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
 - Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - 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)**

Parent's Signature: _____ Date: _____