



Signed written permission:

Non-prescription lotions and other topical products.

\*Product must be stored in the original container with a manufacturer's label that includes directions based on the age and/or weight of the child.

Child's Name:	Date of Birth:	Weight:
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Name of Product:	Dosage:
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To be administered on: eg. hands, lips, sun exposure	For the following period of time:	Medication expiration date:
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Signature of Parent/Guardian	Date:
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\*This form expires 12 months from the date of my signature.