

Child's Name: _____ Date of Birth: _____ Age: _____

All over-the-counter (OTC) products require written parental permission on a yearly basis. Please indicate the brand of product you would like for your child, check 'OK' or 'Not OK' to apply and then bring the products to the Center with your child's first name and last initial clearly labeled on the container. Parents are asked to bring Aveeno Daily Moisture Lotion upon enrollment and then again on a yearly basis.

The following OTC products may be applied to my child in accordance with the manufacturer's instructions on the original container:

Product	Brand Name	
Diaper ointment/cream		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
Skin lotion	Aveeno Daily Lotion	<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
Lip balm		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
Sunscreen (for children 6 months and older) - No Aerosol		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
Insect Repellent (for children 2 months and older) - No Aerosol - Nothing with more than 30% DEET		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product
		<input type="radio"/> OK to apply this product <input type="radio"/> Do NOT use this product

Waiver of Sunscreen and/or Insect Repellent

Do NOT apply sunscreen to my child

As the parent/guardian, I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting). I will not hold Center for Child Development liable for any skin damage related to sunburns.

Do NOT apply insect repellent to my child

As the parent/guardian, I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis (weather permitting). I will not hold Center for Child Development liable for any insect bites or reactions/disease related to insect bites.

Print Name of Parent/Guardian: _____

Signature of Parent or Guardian

Date