



## 2017 OTC Permission Form

Includes Sunscreen, Insect Repellant, Diaper Cream, etc.

NOTE: Parents are responsible for providing the below listed items and for putting their child's name on the products in a permanent manner. These permissions will expire 12/31/2017.

Child's Name (First & Last): \_\_\_\_\_

### Sunscreen

Parents MUST apply first application before child comes to school. We will reapply ONCE daily.

Name of sunscreen(s):	
Timing:	
Where to apply:	
Amount to apply:	
Known side effects:	

### Insect Repellant

Name of repellant:	
Timing:	
Where to apply:	
Amount to apply:	
Known side effects:	

### Over the Counter Topical Ointment (including diaper cream, antibiotic ointment, etc.)

Name of product:	
Reason to apply:	
Timing:	
Where to apply:	
Amount to apply:	
Known side effects:	

I give my permission to the NLC for the listed items to be applied to the child listed above.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_