This form is required in order to administer topical products to students during PNA’s Create Academy summer camp or Extended Day Programs.

I authorize the use of the topical product(s) listed below for:

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE TO PARENTS**: According to AMC 16.55.370, the following requirements apply to the use of topical products:

* Topical products are permitted to be used only in accordance with department policy.
* Topical products must be kept in the original container with the manufacturer’s label and labeled with the child’s name.
* Topical products must be administered according to label directions.
* Topical products may be brought by the parent or supplied by the facility.

|  |  |  |
| --- | --- | --- |
| **Item** | **Name of product as listed on label** | **Instructions for application** (as needed, at each diaper change, etc) |
| Sunscreen |  |  |
| Insect Repellent |  |  |
| Moisturizing Lotion/cream |  |  |
| Lip Balm |  |  |
| Insect Sting Relief (only first aid ointment, Calamine lotion, baking soda, or meat tenderizer) |  |  |
| Other: |  |  |
|  |  |  |

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_