

SMCC NON-PRESCRIPTION AUTHORIZATION FORM:

I, _____, authorize St. Margaret's Child Care Staff to administer the following items according to their original container or the written instructions below:

Child's Name: _____

- Sunscreen: _____
- Bug Spray: _____
- Lip Balm/Chapstick: _____
- Lotion: _____
- Diaper Cream: _____

Instructions:

Parent Signature: _____ Date: _____