



bristow montessori school
Curiosity • Care • Confidence

**Authorization Form for
Sunscreen, Insect Repellent & Lip Balm
Bristow Montessori School**

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Lotion Sunscreen or Mist (no Aerosol)
- Cream Insect repellent or Mist (no Aerosol)
- Lip Balm

Bristow Montessori School has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child, _____ . (Child's name)

Product Name: _____

Dosage/amount applied: _____

Sunscreen & Insect Repellent will be applied to the exposed skin of the face, neck, arms, and legs. Times to be applied:

- Before going outside
- As needed

Lip Balm will be applied to the lips. Times to be applied

- As needed
- Specify Times: _____

Known Adverse Reactions (if any): _____

All OTC products must:

- Be in the original container and, if provided by the parent, labeled with the child's name
- Be used according to manufacturer's recommendation and instructions for application
- Be dropped off to the front office with this form for inspection. Please do not leave them in the child's classroom.
- Have an expiration date beyond 1 year from today's date.
- Have a minimum sunburn protection factor (SPF) of 15
- First time applications of ALL products must be done at home.

This authorization is effective from: _____ until: _____

This form is valid from the months of April 30th - October 31st only. All sunscreen & insect repellent will be returned to families after this date.

Parent's Signature: _____ Date: _____