

Parent/Guardian Authorization for Administration of non-prescription outdoor protectant lotions and sprays by Day Care personnel.

I hereby request that the following non-prescription outdoor protectant be administered to my child by a staff member of The Little Nursery School, LLC with the non-prescription outdoor protectant in the original container labeled with my child's name, the name of the outdoor protectant and the directions for the administration.

This authorization is limited to the following outdoor protectants:

- 1. Non-prescription insect repellents.
- Non- prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of Child:	Date of Birth:				
Address:					
Outdoor Protectant Name:					
Method of Administration:					
Area of Application:					
Schedule of Administration:					
Protectant shall be administered from					
Start date:	End date:				
I have administered at least one dose of the above outdoor Protectant to my hild without adverse side effects. (Please check box).					
Name of Parent/Guardian:					
	Relationship to child:				
Address:Telephone:					
2	date & time)Date ended				

This form must be filled out by administering day care staff for all non-prescription outdoor protectant lotions and sprays

## Complete this form before administering the non-prescription outdoor protectant

	ripioto tine	o romin bore	ore duministering the non-pres	scription out	door protectant		
Name of Ch	ild	D.O.B.:	*				
Parent/Guardian Name:							
Name of Non-Prescription Outdoor Protectant:							
Is Outdoor F the child's n	YesNo						
Special Inst	ructions:						
Date	Time		Administering Staff's Signature	re	Notes/Comments		
	am	pm					
					1/		
	,						
		-					
		4					