



The Little Nursery School

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.
2. 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 child without adverse side effects. (Please check box).

Name of Parent/Guardian: _____

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

Rec'd by _____ Date started(date & time) _____ Date ended _____

