



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 Scotty's Kiddy Korner Preschool and Day Care, LLC. I understand that I must supply Scotty's Kiddy Korner Preschool and Day Care, 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 non-prescription outdoor protectant's 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*

*Permission is not mandated by state regulations, but is required
by Scotty's Kiddy Korner Preschool and Day Care, LLC

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:
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Reason for which Outdoor Protectant is being administered:

I have administered at least one dose of the above outdoor protectant to my child without adverse side effects

Name of Parent/Guardian:	Date:
Signature:	Relationship to Child:
Address:	Telephone:

FOR SCOTTY'S STAFF TO COMPLETE:
Parent/Guardian Authorization Form and Outdoor Protectant received by:
Outdoor Protectant started (date & time):
Outdoor Protectant ended (date & time):

