Maryland State Department of Education
Office of Child Care

TOPICAL BASIC CARE PRODUCT APPLICATION AUTHORIZATION FORM

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

CHILD'S NAME:_____ **DOB:**_____

Product Name:

☐ Diaper Rash product:_____ Date Received:_____

☐ Sunscreen:_____ Date Received:_____

☐ Insect Repellent:_____ Date Received:_____

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

PARENT/GUARDIAN PRINTED NAME	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	DATE
NAME OF STAFF RECEIVING PRODUCT	SIGNATURE AND DATE

DATE (ONCE PER DAY)	**PRODUCT (check box)**			**REACTIONS OBSERVED (IF ANY)**	**SIGNATURE**
	Diaper	**Sunscreen**	**Insect**		

Maryland State Department of Education
Office of Child Care

DATE	PRODUCT			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		