



**Affidavit for Administration of Non-Prescription Over-the-Counter  
Skin Products**

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

- Benadryl topical ointment
- Insect repellent
- Sunscreen

All OTC products must:

- Be in the original container and labeled with child's name
- Be used according to manufacturer's recommendation and instructions for application
- Not used beyond the expiration date of the product

Sunscreen:

- Must have a minimum sunburn protection factor (SPF) of 15
- Shall be inaccessible to children under 5 yrs.
- Children 9 yrs. And older may self-administer sunscreen if supervised

Topical Ointment:

- Shall be kept inaccessible to children
- Record of use shall be kept that includes child's name, frequency of application, and any adverse reactions.

PARENTS, PLEASE INITIAL THE OPTION THAT APPLIES TO YOUR CHILD:

Multilingual Academy has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_.

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any): \_\_\_\_\_

\_\_\_\_\_

Multilingual Academy **DOES NOT** have my permission to apply any non-prescription over-the-counter (OTC) skin product to my child, and I \_\_\_\_\_, parent of \_\_\_\_\_ assume all responsibility to treat any health issues resulting from the lack of use of protective skin products. I also understand that Multilingual Academy will not be held responsible for any health issues

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_