

PRODUCT AUTHORIZATION FORM – Preschool Age

SAINT AMBROSE OF WOODBURY
EARLY CHILDHOOD EDUCATION CENTER

Child's Name: _____

Date: _____

I/We _____ give permission to the Saint Ambrose ECEC
(Parent/Guardian's name)

staff to apply/use the following products on my child _____.
(Child's Name)

PLEASE CHECK ALL THAT APPLY:

- _____ Sunscreen/block (UVB & UVA protection of SPF 30 or higher & MUST be NON-Aerosol ONLY)
- _____ Lip Balm
- _____ Hand Lotion
- _____ Other (please specify) _____

- We CANNOT administer any over the counter medications such as Tylenol, Motrin, Benedryl, etc., **WITHOUT WRITTEN CONSENT FROM THE DOCTOR.**
- *All families are responsible for supplying the ECEC with the products marked above. We cannot use any item on a child if the parents do not provide it.*
- **Please label ALL items with your child's FIRST and LAST NAME.**

This form must be returned for each child along with the other registration papers. We will not use any of the products listed above unless this form is signed. We appreciate your cooperation in helping us follow the health policies.

Parent Signature: _____

Date: _____