



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

**Authorization Form for  
Non-prescription Over-the-Counter Skin Products  
Licensed Child Day Centers  
VDSS Division of Licensing Programs Model Form**

**INSTRUCTIONS:**

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

- Sunscreen
- Diaper ointment or cream
- Insect repellent

\_\_\_\_\_ has my permission to apply the non-prescription  
**(Name of Provider)**

over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_  
**(Child's name)**

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

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

- **All OTC products must:**
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be 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 in therapeutic or special needs programs
  - Children nine yrs. and older may self administer sunscreen if supervised
- **Diaper ointment/cream and Insect repellents:**
  - Shall be kept inaccessible to children
  - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
**(Start date)** **(End date)**

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