



**TOPICAL APPLICATION FORM**  
for over-the-counter lotions, creams, sprays, or balms  
brought from home

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SUNSCREEN AUTHORIZATION**

Yes, my child may have sunscreen applied on campus

Name of Sunscreen & SPF:	Active Ingredients:
Start Date:	End Date: Expiration Date of Sunscreen:
Times to Be Applied:	Potential Side Effects:
Special Instructions: (include previous sunscreen reactions)	

Reason for Application: protection from sun. Amount given: to cover all exposed areas of skin  
Route: topical Storage: room temperature

**INSECT REPELLENT AUTHORIZATION**

Yes, my child may have insect repellent applied on campus

Name of Insect Repellent:	Mode of Application:
Start Date:	End Date: Expiration Date of Bug Repellent:
Times to Be Applied:	Potential Side Effects:
Special Instructions: (include previous insect repellent reactions)	

Reason for Application: protection from bugs. Amount given: cover all exposed areas of skin  
Route: topical Storage: room temperature

LIP BALM/LOTION AUTHORIZATION

Yes, my child may have lotion/lip balm applied on campus

Name of Lotion/Lip Balm:	Mode of Application:
Start Date:	End Date: Expiration Date of Lotion/Balm:
Times to Be Applied:	Potential Side Effects:
Special Instructions: (include previous reactions)	

Reason for Application: relief from dry skin. Amount given: to cover all exposed areas of skin  
Route: topical Storage: room temperature

WIPES AUTHORIZATION

Yes, my child may have diapering wipes used on campus

Name of Wipes:	Mode of Application:
Start Date:	End Date: Expiration Date of Wipes:
Times to Be Applied:	Potential Side Effects:
Special Instructions: (include previous reactions)	

Reason for Application: cleaning skin after diapering.  
Amount given: to cover all exposed areas of skin  
Route: topical Storage: room temperature

Parent/Guardian Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_