



AUTHORIZATION FORM

Authorization Form			
Child Name:		Date of Birth:	

I hereby give permission to the staff educators of The Community School to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

All items must be supplied by parents if use is requested. Items must be provided in the original container clearly labeled with the child's name.

List of Preparations:
Ointment:
Ointment:
Sunscreen:
Insect Repellent:
Other:
Other:

PARENT SIGNATURE _____

DATE _____