



## BHPCNS Lotion Authorization Form

This form must be completed before BHPCNS will apply sunscreen, insect repellent, diaper rash cream, etc. to a child in the program's care.

- Parent or guardian will supply BHPCNS with the necessary product(s).
  - Product(s) must be labeled with child's name and placed in a ziplock bag.
  - Clear directions must be provided on this form.
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### Parent/Guardian's Authorization

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

Product(s) to be applied: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

How frequently is product to be applied: \_\_\_\_\_

Any special instructions required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/we request BHPCNS to administer the described product at the prescribed times for our child. I/we attest that I/we have administered at least one application as the product to my child without any adverse effects. I/we certify that we have legal authority, understand the risk and consent to the application of product to the child names above.

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

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### BHPCNS Receipt and Review

Product was received from: \_\_\_\_\_ Date: \_\_\_\_\_

Product was received by: \_\_\_\_\_



