Oak Arbor Church Montessori School

Topical Nonprescription Items Authorization Form

Child Information

Child's Full Name: _____

Date of Birth: __ / __ / _____

Topical Products Authorization

I authorize Oak Arbor Church Montessori School staff to apply the following nonprescription topical products to my child as needed while in care, according to product instructions:

Please check all that apply and list brand/product names where applicable.

Product Type	Apply?	Brand Name / Notes
Sunscreen	☐ Yes	_____
Insect Repellent	☐ Yes	_____
Lip Balm	☐ Yes	_____
Triple Antibiotic Ointment (e.g., Neosporin)	☐ Yes	_____
Lotion (unscented preferred)	☐ Yes	_____
Other: _____	☐ Yes	_____

Parent/Guardian Statement

- I understand that all topical products must be provided in their original, labeled containers.

- All containers must be clearly marked with my child's full name.

- I understand that these products will be applied by staff only as needed and according to the manufacturer's instructions.

- I agree to replace expired products and update this form annually or if changes are made.

Parent/Guardian Name (Print): _____

Signature: _____

Date: __ / __ / _____