External Medication Authorization

Child's Name _____ **Date of Birth** _____

Parent/Guardian Name _____

Authorization to Dispense External Preparations

- ☐ Sunscreen
- ☐ Vaseline
- ☐ Insect Repellent
- ☐ Baby Powder
- ☐ Chap stick
- ☐ Baby Wipes
- ☐ Bactine or similar first aid spray
- ☐ Neosporin or similar ointment
- ☐ Non-Prescription ointment (A&D, Desitin, etc.)

I hereby authorize O2B Kids permission to apply one or more of the topical ointments/ preparations to my child in accordance with the directions on the label of the container.

All ointment should be provided in the original container, with a valid expiration date, labeled clearly with the child's first and last name and given directly to the child's teacher.

Please indicate any special instructions here: _____

_____

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_____

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_____ _____

Signature of Parent/Guardian Date

o2b KIDS!