

**PERMISSION TO APPLY OVER-THE-COUNTER CREAMS AND OINTMENTS**

This form is to be used for over-the-counter topicals only. Any prescription creams, lotion, ointment, etc. still requires a Maryland State Department of Education Office of Child Care *Medication Authorization Form* (OCC1216) completed and submitted. This form is to be used for non-medicated sunscreen, chapsticks, Vaseline, lotions, creams, ointments, etc that are to be applied to external areas only. Any cream, lotion, ointment, etc. must be provided by the parent and labeled in permanent marker with the child's name. It must also have already been applied prior at home with no adverse effects to the child (i.e. rash, irritation, or other reaction). Please list all topicals separately.

The SACC staff may apply the following cream or lotion to:

Child's Name \_\_\_\_\_

Area of Body (i.e. skin, hands, lips) \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ (insert dates)

**OR**

\_\_\_\_\_ All School year

1. \_\_\_\_\_  
TYPE OF TOPICAL AND BRAND NAME (be specific i.e. Rite Aide brand)

2. \_\_\_\_\_  
TYPE OF TOPICAL AND BRAND NAME (be specific i.e. Rite Aide brand)

3. \_\_\_\_\_  
TYPE OF TOPICAL AND BRAND NAME (be specific i.e. Rite Aide brand)

4. \_\_\_\_\_  
TYPE OF TOPICAL AND BRAND NAME (be specific i.e. Rite Aide brand)

My child has previously used the above product(s) with no adverse reaction(s).

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE DATE