



ROCKING HORSE MONTESSORI

Authorization for Non-Prescription, Over-the-counter Products

Child's Full Legal Name:

Date of Birth(dd/mm/yyyy):

The following **non-prescription** items may be applied to my child (please check off):
These items are being brought to the school by the parent.

- Sunscreen Diaper cream Lip balm
 Hand sanitizer Insect repellent Moisturizing skin lotion

Parent has agreed to provide:	Additional Parent Instructions

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent



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