



Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

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

Child's Name: _____

Date of Birth (dd/mm/yyyy): _____

The following **non-prescription** items may be applied to my child (please check off):

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

[Centre Name] has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Ex. Sunscreen		
Hand sanitizers		

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 _____