

Maryland State Department of Education  
Office of Child Care  
**TOPICAL BASIC CARE PRODUCT APPLICATION  
AUTHORIZATION FORM**

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Product Name:

Diaper Rash product: \_\_\_\_\_ Date Received: \_\_\_\_\_

Sunscreen: \_\_\_\_\_ Date Received: \_\_\_\_\_

Insect Repellent: \_\_\_\_\_ Date Received: \_\_\_\_\_

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

PARENT/GUARDIAN PRINTED NAME	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	DATE
NAME OF STAFF RECEIVING PRODUCT	SIGNATURE AND DATE

DATE (ONCE PER DAY)	PRODUCT (check box)			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

