



# The Family Academy of Potomac

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## Topical Basic Care Product Authorization Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Topical basic care products must:

- Be labeled with the child's name.
- Be in the original container.
- Be handed to a staff member.

Name of the product: (Diaper rash, sunscreen, insect repellent, or lip balm)

- \_\_\_\_\_ Date received: \_\_\_\_\_
- \_\_\_\_\_ Date received: \_\_\_\_\_
- \_\_\_\_\_ Date received: \_\_\_\_\_
- \_\_\_\_\_ Date received: \_\_\_\_\_
- \_\_\_\_\_ Date received: \_\_\_\_\_

I authorize childcare staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest 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's Signature:	Date:
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