THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services, 1400 NW 14th Court, Ft. Lauderdale, FL 33311

All Grades

Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval Only

VOID if Altered

Effective for the school year 20____ -20____

INSTRUCTIONS: Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

I. Student/Parent Information

Student's Name:	Birth Date:	Allergies:	Grade:
Parent/Guardian (Print Name):		Address:	
Home Phone:	Work Phone:	Other Phone:	

To Be Completed By Parent/Guardian

NO AEROSOL OR PUMP PRODUCTS PERMITTED

Bug, Insect & Mosquito Repellent Self-carry and Self-administration of Wipes, Towelettes or Lotions only Parent Initial: _____	Administer according to the manufacturers label
Sunscreen Product Self-carry and Self-administration Parent Initial: _____	Administer according to the manufacturers label

Parental Permission (To be completed by Parent/Guardian only)

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assumed full responsibility for any consequence resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self in the original sealed container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this topical product he/she will be consequence based upon the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of above listed topical products. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting the topical products identified above.

Name of Parent/Legal Guardian (Please Print): _____

Signature of Parent/Legal Guardian (please print): _____ Relationship to the Student: _____

Home Phone: Business/Mobile Number: Email Address: