Panther Cub House
Product Authorization

Child's Name _____
Date of Birth _____
Program Name ___Panther Cub House_____

The following external products may be applied to my child in accordance with the manufacturer's instructions on the original packaging.

	Skin Lotions
	Soap*
	Sunscreen - Please use an SPF 15 or higher - No Aerosol sunscreens
	Insect Repellant with DEET
	Lip Balm
	Hand Sanitizer
	Other, Please Specify:

*Products provided by Panther Cub House

Parent/Guardian's Signature _____