

# 2026-2027 Topical Skin Product Authorization Form



This form authorizes Merritt Academy to apply a non-prescription topical skin product to your child (such as Sunscreen, Diaper Ointment, Lotion, Oral Teething Medicine & Insect Repellent).

- The product must be in the original container & labeled with the child's name.
- Manufacturer's instructions for application must be followed unless authorized by child's physician.
- Aerosol cans or other continuous spray bottles are not permitted for sunscreen**
- Only 1 product/item per form**

| PART 1 PARENT OR GUARDIAN TO COMPLETE                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child's Name:                                                                                                                                                                                                                                                                              | Date of Birth:                                                                                                                                                                                                                                                                      | Classroom:                                                                                                                                                                  |
| Topical Name Brand:                                                                                                                                                                                                                                                                        | Item Type (Choose One)<br><input type="checkbox"/> Sunscreen or Insect Repellent <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br><input type="checkbox"/> Diaper Cream |                                                                                                                                                                             |
| <b>Application Directions:</b><br><input type="checkbox"/> Apply to Face<br><input type="checkbox"/> Apply to All Exposed Skin<br><input type="checkbox"/> Apply to Other:                                                                                                                 |                                                                                                                                                                                                                                                                                     | <b>Times to be Given:</b><br><input type="checkbox"/> Before Outdoor Play Time<br><input type="checkbox"/> With Each Diaper Change<br><input type="checkbox"/> Other Times: |
| Any Adverse Reactions:                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
| Special Instructions:<br>(if any)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
| <b>Merritt Academy has my permission to apply the product above.</b>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <br/>           _____<br/> <b>(Parent's Signature)</b> </div> <div style="text-align: center;">           _____<br/> <b>(Printed Name)</b> </div> </div>                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
| This topical product is effective from: _____ and until August 18th 2027<br><div style="display: flex; justify-content: space-between;"> <span>(first day administered or kept on site)</span> <span><i>Authorization may not exceed the last day of the 2026-27 program</i></span> </div> |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |

| FOR MERRITT ACADEMY OFFICE USE ONLY |                        |                        |
|-------------------------------------|------------------------|------------------------|
| Date Received: _____                | Office Approval: _____ | Expiration Date: _____ |
| Refill Date: _____                  | Office Approval: _____ | Expiration Date: _____ |
| Refill Date: _____                  | Office Approval: _____ | Expiration Date: _____ |
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