

Christian Montessori School of Ann Arbor

**PERMISSION AND INSTRUCTIONS FOR  
TOPICAL NONPRESCRIPTION PRODUCT APPLICATION (INCLUDING SUNSCREEN)**

Application of a topical nonprescription product to a student requires the following form be completed by the parent. Please note: Written parental authorization is required annually. Expired products will not be accepted.

**The Product must be in the original container and be labeled with the child's name.**

**TO BE COMPLETED BY PARENT:**

I give my permission for a school representative to apply to \_\_\_\_\_,  
(Print child's name)

the product, \_\_\_\_\_  
(Print name of product)\*

*\*EACH PRODUCT REQUIRES A SEPARATE FORM*

I understand that the school or staff shall not be held responsible for any side effects that might result from the administration of the product.

**DIRECTIONS:**

1) Date to begin	2) Date to stop
3) Dosage	
4) Other directions, if any	
5) Parent signature	6) Date

Re: Sunscreen

Please apply sunscreen to your child before you arrive at school. Children utilizing extra hours may request to have sunscreen re-applied, if necessary.

Date	Time	Amount Given	By Whom	Witness

**PLEASE COMPLETE AND RETURN TO YOUR CHILD'S TEACHER.**