



**Permission Form for Over-the-Counter Topical Medication, Sunscreen, and Insect Repellant**

**Date of Permission:** \_\_\_\_\_

**Permission Expiration:** \_\_\_\_\_

I, \_\_\_\_\_, the parent of \_\_\_\_\_ give permission for Just-Us-Kids to administer the following items as listed below.

**Over-the-Counter Topical Ointment**

Name of the ointment: \_\_\_\_\_

Reason to give: \_\_\_\_\_

Timing: \_\_\_\_\_

Where to use it: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Side effects or adverse reactions: \_\_\_\_\_

**Sunscreen**

Name of the sunscreen: \_\_\_\_\_

Reason to give: \_\_\_\_\_

Timing: \_\_\_\_\_

Where to use it: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Side effects or adverse reactions: \_\_\_\_\_

**Insect Repellant**

Name of the insect repellant: \_\_\_\_\_

Reason to give: \_\_\_\_\_

Timing: \_\_\_\_\_

Where to use it: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Side effects or adverse reactions: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_