

2022-2023 Topical Skin Product Authorization


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 and Insect Repellent).

-The product must be in the original container and labeled with the child's name.

-Manufacturer's instructions for application must be followed unless authorized by child's physician.

-Aerosol cans are not permitted for sunscreen.

(Only 1 product/item per form)

PART I PARENT OR GUARDIAN TO COMPLETE		
Child's Name:	Date of Birth:	Classroom:
Topical Name, (if Name Brand please list name below):		
Dosage and Times to be Given:		
Any Adverse Reactions:		
Special Instructions (if any)		
Merritt Academy has my permission to apply the product above.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ (Parent's Signature) </div> <div style="text-align: center;"> _____ (Printed Name) </div> </div>		
This topical product is effective from: _____ and until _____ or <input style="width: 30px; height: 20px;" type="checkbox"/> August 16th, 2023 <small>(first day administered)</small>		

Authorization may not exceed the last day of the 2022-23 program

PART II PHYSICIAN AUTHORIZATION (ONLY IF INSTRUCTIONS DIFFER FROM MANUFACTURER)

I certify that, in my opinion, it is medically necessary that the product and dosage described above be applied to the child listed above during the hours of operation at Merritt Academy.

_____	_____	_____
(Physician's Signature)	(Printed Name)	(Date)

FOR MERRITT ACADEMY OFFICE USE ONLY

Date Received: _____	Office Approval: _____	Medication ExpirationDate: _____
Refill Date: _____	Office Approval: _____	Medication ExpirationDate: _____
Refill Date: _____	Office Approval: _____	Medication ExpirationDate: _____
Refill Date: _____	Office Approval: _____	Medication ExpirationDate: _____
Refill Date: _____	Office Approval: _____	Medication ExpirationDate: _____