

Countryside Montessori School Non-Prescription Authorization Form

CHILD'S NAME _____

I give permission for Countryside to apply the following on my child as needed throughout the day.

Please list the **brand name** on the appropriate line below:

Sunscreen that I have provided: _____

Insect Repellent that I have provided: _____

Lip Balm that I have provided: _____

For Infants/Toddlers:

I will provide the following lotions, diaper ointment, etc and give permission for Countryside to use them on my child as needed. Please list the brand name on the appropriate line below:

Diaper Ointment: _____

Lotion: _____

Other: _____

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Please Note: Countryside CANNOT apply sunscreen, insect repellent, lip balm, lotions or ointments without this signed consent form.