

KAFRC- Authorization for Non-Prescription Skin Products

CHILD'S INFORMATION
Child's Name:
Date of Birth:
Today's Date:

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container:

PARENT/GUARDIAN HAS AGREED TO PROVIDE (INCLUDE BRAND NAME):	KAFRC HAS AGREED TO PROVIDE (INCLUDE BRAND NAME):
	Bodpur-70 or Safeguard Hand Sanitizer
	Banana Boat Sunscreen Lotion
	Parents Choice Diaper Wipes

_____ **Date (dd/mm/yyyy)**

_____ **Signature of Parent**

EDUCATOR ONLY SECTION			
<input type="checkbox"/> All sections of this form have been completed by parent/guardian and verified by you	<input type="checkbox"/> Individual item is in its original container and labelled with child's name	<input type="checkbox"/> Item has been noted in log book for other staff to see	<input type="checkbox"/> Child's name has been added to KAFRC provided list/item
Staff Signature:			