



# Minnieland Private Day School, Inc.

## SKIN PRODUCT PERMISSION FORM

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Class \_\_\_\_\_

- This form should not be used for prescription skin products. MAT training is required before applying prescription skin products, therefore we will not be applying it at the center.
- Skin products will be administered in accordance with the parent's written consent. This form should be updated annually or as the product changes.
- Skin products will be administered according to the direction label.
- Skin products must be in the original container with the direction label attached.
- Skin products must be labeled with the child's first and last name.

I have received the skin product from the parent and reviewed the above policies with them. Caregiver's Signature \_\_\_\_\_

***Minnieland Private Day School has my permission to administer the following skin product on my child:***

Product Name : \_\_\_\_\_

Expiration Date of Product: \_\_\_\_\_

Dosage to be applied: \_\_\_\_\_

Frequency of application: \_\_\_\_\_

This authorization is effective until: \_\_\_\_\_ (Please write in date)

Special Instructions: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Adverse Reactions: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Errors: \_\_\_\_\_ Date: \_\_\_\_\_