



Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

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

Sunscreen Lip balm Hand sanitizers Insect repellent Lotions

Hastings Country has agreed to provide:	Parent has agreed to provide:
Hand Sanitizers	

Entering your full name in the Signature field(s) below serves as signing the document.

Date (dd/mm/yyyy)

Signature of Parent