Innisfil Montessori Academy

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 | Diaper Creams/Ointment | 🗆 Lip balm |
|-------------|------------------------|------------|
| | | |

 \Box Insect repellent \Box Lotions \Box Hand sanitizers

| Innisfil Montessori Academy has agreed to provide: | Parent has agreed to provide: |
|---|----------------------------------|
| Hand Sanitizers | |
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| | |
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| | |

Date

Signature of Parent