Maryland State Department of Education Office of Child Care

TOPICAL BASIC CARE PRODUCT APPLICATION AUTHORIZATION FORM

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

DOB:

CHILD'S NAME:

Product Name: ☐ Diaper Rash product:		Date Re	Date Received:				
☐ Sunscreen:		Date Re	Date Received:				
☐ Insect Repellent:		Date Re					
I authorize the child care staff instructions. I attest that I have certify that I have the legal at	ave adminis	stered at least	t one appl	licati	on of the product to my chil	d without adverse effects. I	
PARENT/GUARDIAN PRINTE	D NAME	PHONE NUMBER	UMBER				
PARENT/GUARDIAN SIGNAT	TURE		DATE	DATE			
NAME OF STAFF RECEIVING PRODUCT					SIGNATURE AND DATE		
DATE (ONCE PER DAY)					EACTIONS OBSERVED (IF ANY) SIGNATURE		
	Diaper	Sunscreen	Insect				

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DATE	PRODU	СТ		REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

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