



**AUTHORIZATION FORM  
FOR  
OVER THE COUNTER PRODUCTS**

I, \_\_\_\_\_ hereby give consent for a staff of Wesley  
(parent/ guardian name)  
Christian Academy and Early Learning Centre to apply over the counter products  
such as sunscreen, diaper cream, ointment, lotion, or other creams, on an as-  
needed basis, to my child \_\_\_\_\_.  
(child's name)

These products must be non-medicated, clearly labelled with the above-mentioned child's name and in the original container.

The product will be used only by the above-mentioned child and will be provided to the school by the family of that above-mentioned child.

All over the counter products must be non-medicated, meaning, not having a medicinal effect or not medically prescribed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date