

OVER-THE-COUNTER PERMISSION

Child's Name

I, _____, give permission to _____ of Radiant Kidz Zone to apply the following
Printed Parent Name Child's Teachers Name
over-the-counter product(s):

PRODUCT	BRAND	FREQUENCY	DOSAGE/AMOUNT	DURATION/REASON
<input type="checkbox"/> Sunscreen*				
<input type="checkbox"/> Diaper Ointment				
<input type="checkbox"/> Teething Tablets (non-prescriptive)				

*Radiant Kidz Zone will only apply sunscreen once a day.

Radiant Kidz Zone cannot administer ingestible medication.

Parent Signature _____

Date _____