

## Topical Non-Prescription Medication Annual Parent Authorization

**Please initial each statement after reading.**

\_\_\_\_\_ I give permission for staff of Andrews University Summer Camp / The Crayon Box to apply the following topical, non-prescription medications marked "YES" to my child as needed.

\_\_\_\_\_ I understand Andrews University Summer Camp / The Crayon Box will not provide any of the items on the list and it is my responsibility to provide these items to Andrews University Summer Camp / The Crayon Box in the original packaging and labeled with my child's name (first & last).

\_\_\_\_\_ I understand that I must provide one item per child if I have multiple children. Children may not share Topical Non-Prescription Medication.

\_\_\_\_\_ I understand Andrews University Summer Camp / The Crayon Box will administer sunscreen and insect repellent in the afternoons only and I will apply to my child before arriving in the morning.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Insect Repellent\*  Yes  No

Sunscreen\*  Yes  No

Triple Antibiotic Ointment\*  Yes  No

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

*\* Not provided by The Crayon Box*



**This form must be renewed annually.**