



# WOODBIDGE PLAY-CARE PARENT AUTHORIZATIONS

We, \_\_\_\_\_, the parents of \_\_\_\_\_,  
(Parent(s) / Legal Guardian(s)) (Child's / Dependent's Name)

agree to the following agreement(s):

1. We hereby give permission for Annandale Play-Care, Inc. to apply or help my child in applying the listed **approved products** to protect my child from the sun, insect bites, and other skin irritations.

## APPROVED PRODUCTS

SUNSCREEN/SUNBLOCK \_\_\_\_\_ (Initials) I Will Provide \_\_\_\_\_ (Initials)

INSECT/BUG REPELLENT \_\_\_\_\_ (Initials) I Will Provide \_\_\_\_\_ (Initials)

OTHER (moisturizer, lip balm, OVER THE COUNTER DIAPER OINTMENT, etc.) \_\_\_\_\_ (Initials)

**Please List OTHER approved products, if any.**

**Note: DO NOT use this form to list prescription medication.**

\_\_\_\_\_ I Will Provide \_\_\_\_\_ (Initials)

Your signature/initials below is to indicate that you are allowing Annandale Play-Care, Inc. to apply the approved products listed below. Additionally, you understand that APC will notify you immediately if any skin and/or any other adverse reaction occurs because of the administration of any of these products.

## SIGNATURES

\_\_\_\_\_  
Mother / Legal Guardian DATE

\_\_\_\_\_  
Father / Legal Guardian DATE

\_\_\_\_\_  
APC Rep. or Administrator DATE