

Randolph AFB Child Development Program Annual Authorizations

I, _____ authorize the Randolph Child Development Program to administer the item(s) initialed below to my child.

Please initial all that apply. **Program will supply.**

_____ Sunscreen ("Water Babies" by CopperTone)

_____ Insect Repellent (Off Skintastic Family Care for West Nile, Off Skintastic Family or Cutter All Family)

_____ Alcohol Free Hand Sanitizer (Soapopular Brand or Gentle Care Skin Care Products)

***Medical Advisor has approved above brands for use in the child development program.*

Please initial all that apply. Parents must supply. **Program WILL NOT supply.**

_____ Over the counter hand lotion

_____ Lip Balm

_____ Diaper ointments/salves _____
Name

Child's Name _____

Room _____

Parent's Signature _____

Date _____