

Hand Lotion Authorization Form

Child's Name:		Date of Birth & Age:	
Name of Lotion (select option you would like to authorize):			
_		·	
Provider Supplied:			
Domain Complicate			
☐ Parent Supplied:			
Start Date:		Stop Date: (up to 12 months after 'Start Date')	
/	/	/	
Special Instructions		an area inaccessible to children	
 Hand lotion should always be kept in an area inaccessible to children. Use of hand lotion must be supervised by an adult to prevent ingestion. 			
Not for use related to medical issues such as eczema.			
- 1407 for about our formouted insues such as cozonia.			
I authorize the use of the above hand lotion for my child.			
I dufficitize the t	ise of the above had	na iorion for my crina.	
Powert / Countries Cionature Posts			
Parent/Guardian Signature Date			
Reason for item:	To moisturize hands		
Route:	Topical		
Amount to be given:	Refer to manufacturer's label		
imes to be applied:	When hands are dry/cracked		
Storage:	Room temperature		