

Hand Lotion Authorization Form

Child's Name:	Date of Birth & Age:
Name of Lotion (select option you would like to authorize):	
<input type="checkbox"/> Provider Supplied: _____ <input type="checkbox"/> Parent Supplied: _____	
Start Date: ____/____/____	Stop Date: (up to 12 months after 'Start Date') ____/____/____
Special Instructions: <ul style="list-style-type: none"> • 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. 	

I authorize the use of the above hand lotion for my child.

Parent/Guardian Signature

Date

Reason for item:	To moisturize hands
Route:	Topical
Amount to be given:	Refer to manufacturer's label
Times to be applied:	When hands are dry/cracked
Storage:	Room temperature