

# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services, 1400 NW 14<sup>th</sup> Court, Ft. Lauderdale, FL 33311

## All Grades

### Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval Only

VOID if Altered

Effective for the school year 20\_\_\_\_-20\_\_\_\_

**INSTRUCTIONS:** Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

**I. Student/Parent Information**

Student's Name:	Birth Date:	Allergies:	Grade:
Parent/Guardian (Print Name):		Address:	
Home Phone:	Work Phone:	Other Phone:	

**To Be Completed By Parent/Guardian**

## NO AEROSOL OR PUMP PRODUCTS PERMITTED

<p><b><u>Bug, Insect &amp; Mosquito Repellent</u></b></p> <p>Self-carry and Self-administration of Wipes, Towelettes or Lotions only</p> <p>Parent Initial: _____</p>	<p>Administer according to the manufacturers label</p>
<p><b><u>Sunscreen Product</u></b></p> <p>Self-carry and Self-administration</p> <p>Parent Initial: _____</p>	<p>Administer according to the manufacturers label</p>

**Parental Permission (To be completed by Parent/Guardian only)**

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assumed full responsibility for any consequence resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self in the original sealed container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this topical product he/she will be consequence based upon the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of above listed topical products. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting the topical products identified above.

Name of Parent/Legal Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Legal Guardian (please print): \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_