

UFCC FORM

AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

Umbrella Family and Child Centres of Hamilton

All fields on this form MUST be completed.

ld's Last Name:	Child's First	Child's First Name:		Centre:	
e following non-prescriptio	n items may be applied to my child	in accordance with	the manufacturer's instru	uctions on the original con	itainer (please check off
☐ Sunscreen	☐ Diaper Creams/Ointment	☐ Lip balm	☐ Hand sanitizers	☐ Insect repellent	☐ Lotions
Date	Name of Product				Family Initia
rent/Guardian Signature:		Da	ate:		
				Last Revision Ap	
				Date of Next I	Review: April, 20