



Sunscreen & Diaper Cream Authorization Form

In accordance with Arizona Department of Health Services (ADHS) Child Care Licensing requirements, written parental authorization is required for the application of non-medicated topical products.

Little Miracles Daycare may apply sunscreen and/or diaper cream to your child only with this completed authorization on file.

CHILD'S INFORMATION

First Name	Middle	Last Name
Date of Birth	Gender	Parent / Guardian Name(s):

SUNSCREEN

Sunscreen Brand:_____

SPF:_____

By signing below, I authorize Little Miracles Daycare staff to apply the following non-medicated products to my child:

Sunscreen – applied prior to outdoor activities as needed

I acknowledge and understand that:

- Products must be non-medicated, parent-provided, and clearly labeled with my child's name.
- Staff will apply products in accordance with ADHS regulations and center policies.
- Sunscreen will not be applied without written authorization.
- This authorization does not permit the use of medicated creams, ointments, or prescription products.
- Medicated products require a separate Medication Authorization Form and may require additional documentation per ADHS guidelines.
- This authorization remains valid until revoked in writing by the parent/guardian.

DIAPER CREAM

Diaper Cream / Ointment Brand:_____

By signing below, I authorize Little Miracles Daycare staff to apply the following non-medicated products to my child:

Diaper cream / ointment — applied during diaper changes as needed

I acknowledge and understand that:

- Products must be non-medicated, parent-provided, and clearly labeled with my child's name.
- Staff will apply products in accordance with ADHS regulations and center policies.
- Sunscreen will not be applied without written authorization.
- This authorization does not permit the use of medicated creams, ointments, or prescription products.
- Medicated products require a separate Medication Authorization Form and may require additional documentation per ADHS guidelines.
- This authorization remains valid until revoked in writing by the parent/guardian.

PARENT / GUARDIAN PERMISSION

I give permission for Little Miracles Daycare staff to give this medication to my child as instructed above.

Parent / Guardian Name (print):	
Parent / Guardian Signature:	Date
Best Phone Number:	