\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE NAME OF RECEIVER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

STUDENT NAME DATE OF BIRTH GRADE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER CLASSROOM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Breakthrough Staff to apply the selected basic care item(s) that I supply for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the amount identified on product directions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE HOME/CELL PHONE

| **Basic Care Item & Reason for Use** | **Brand Name** | **Time or Frequency** | **Child may self administer** | **Product Expiration Date** | **Area(s) of application** |
| --- | --- | --- | --- | --- | --- |
| Sunscreen  with UVA & UVB protection of SPF 15 or higher for prevention of sunburn  Code of DC § 38–651.02. |  | As needed⃞  Other: | Yes ⃞  No ⃞ |  |  |
| Lotions  Non-medicated moisturizing lotions |  | As needed⃞  Other: | Yes ⃞  No ⃞ |  |  |
| Lip Balm  For prevention of chapped lips |  | As needed⃞  Other: | Yes ⃞  No ⃞ |  |  |
| Insect Repellent (EPA registered) |  | As needed⃞  Other: | Yes ⃞  No ⃞ |  |  |
| Other: |  | As needed⃞  Other: | Yes ⃞  No ⃞ |  |  |

* Parent/Guardian supplies above listed checked basic care items for child to use
* Documentation of date and time of administration of basic care items is not required if in child’s possession (usually kept in the cubby)
* All basic care items must be in the original container and labeled with child’s full name