

VICTORY CHRISTIAN PRESCHOOL & ACADEMY  
14747 Arizona Ave, Woodbridge, VA 22191  
Business: (703) 491-7100 ~ Fax: (703) 490-8489 ~ Hours: 6:15am-6:30pm  
www.vcmi-va.org

### SKINCARE AUTHORIZATION FORM

Ointments, sunscreens, insect repellants and body powders, will be given to a child ONLY with the parent's or guardians COMPLETED written consent.

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Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

As parent of the above child, I give VICTORY CHRISTIAN PRESCHOOL & ACADEMY my permission to administer the skincare medication described below (prescription or over the counter) to my child during school hours. I understand that this skincare medication maybe administered by school staff and that the person who will administer the application may be inexperienced. I also agree to furnish said skincare medication in the container supplied by the drug store with the label intact.

**Medication:** \_\_\_\_\_ **Time to be given (optional):**  
\_\_\_\_\_

**Special Instructions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adverse Reaction:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child allergic to any baby powders?**  
\_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_