

Hand Sanitizer Authorization Form

Child's Name:	Date of Birth & Age: (*Children must be at least 2 years of age to use hand sanitizer)
Name of Hand Sanitizer:	
Active ingredient: *Must contain at least 60% alcohol	
Start Date: ___ / ___ / ___	Stop Date: (up to 12 months after 'Start Date') ___ / ___ / ___
Possible Side Effects:	
Special Instructions: <ul style="list-style-type: none"> • Hand sanitizer should always be kept in an area inaccessible to children. • Hand sanitizer should not be used when hands are visibly dirty. • Use of hand sanitizer must be supervised by an adult to prevent ingestion. 	

I authorize the use of the above hand sanitizer for my child.

Parent/Guardian Signature

Date

Reason for item:	To disinfect hands
Route:	Topical
Amount to be given:	Dime-sized amount (per American Academy of Pediatrics recommendations)
Times to be applied:	As necessary to clean hands when soap and water are unavailable.
Storage:	Room temperature