



UnityPoint Health
Des Moines

HEALTH PRODUCT RELEASE

I give my permission to my child's caregiver to administer the following health products to my child per my instructions:

_____ Sunscreen

_____ Desitin

_____ A&D Ointment

_____ Bacitracin

_____ Bulb Syringe

_____ Other Product, Please List

Parent Signature _____ Date of Authorization _____