

TOPICAL PREPARATIONS PERMISSION FORM

Child's Name: _____

Parent/Guardian's Name: _____ I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin or if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN I give my permission for the staff at _____ to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 15 SPF. In the event that my child does not have sunscreen with them, the school may apply _____ (name of sunscreen & SPF) to my child.

My child may NOT use any sunscreen other than the one that s/he brings.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM I give my permission for the staff at _____ to assist with applying or apply skin lotion/cream to my child. Name of product: _____ Special instructions: _____ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: _____ Date: _____

DIAPER OINTMENT/CREAM I give my permission for the staff at _____ to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal, or anti-inflammatory components without a written prescription from my doctor.

Name of product: _____ Special instructions: _____

_____ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: _____ Date: _____