

Non-Medication Consent Form

*\*Lil Einstein’s Educational Childcare will only apply products that have been provided by the parents.*

*\*Products must be clearly labeled with the child’s name and have a visible expiration date. All unused portions of the products will be returned upon their expiration date.*

*\*You will not have to resubmit this form every time you replenish the above named products.*

I, understand by signing this page and submitting it, that I am authorizing all staff of Lil Einstein’s Educational Childcare to topically administer the above products as indicated on the packaging.

Parent Name (PRINT): Date Authorized:

Parent Signature:

Director Signature: Date Received:

Bug Spray

Topical Application Dose and frequency as indicated on package

Parent Initial:

Topical Application Dose and frequency as indicated on package

Parent Initial:

Sunscreen

Diaper Cream/Ointment

Topical Application Dose and frequency as indicated on package

Parent Initial:

Name: Date of Birth: / /