

PERMISSION FORM FOR OVER THE COUNTER TOPICAL MEDICATION, SUNSCREEN AND
INSECT REPELLANT.

Date of Permission: 9/2020
Permission expiration: 8/2021

I, _____, the parent of, _____
Give permission for St. Paul's CCC to administer the following items
as listed: Staff

1. Name Over the counter topical ointment:

- a. Name of ointment: _____
- b. Reason to give ointment: _____
- c. Timing: _____
- d. Where to use the ointment: _____
- e. Amount to apply: _____
- f. Side Effects or Adverse Reactions: _____

2. Sunscreen

- a. Name of Sunscreen product: _____
- b. Reason to give: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side Effects/Adverse effects: _____

3. Insect Repellant

- a. Name of Insect Repellant: _____
- b. Reason to give: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side Effects/Adverse effects: _____

4. _____

- a. Name of medication: _____
- b. Reason to give: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount : _____

Parents signature: _____ Date: _____

My signature below indicates that I have received the listed over the counter topical ointments, sunscreens, insect repellants. I have reviewed the parent's instructions and understand them.

Child Care Provider: _____ Date: _____