

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

Date of Permission: 9/20/19  
Permission expiration: 8/2020

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: \_\_\_\_\_