

AN APPLE A DAYCARE NY, INC.
Non-Medication Consent Form

NAME:	Date of birth:
DIAPER CREAM / OINTMENT	Topical Application Dose and frequency as indicated on package
SUNSCREEN	Topical Application Dose and frequency as indicated on package
BUG SPRAY	Topical Application Dose and frequency as indicated on package
<p><i>I understand by signing this page and submitting it, that I am authorizing all staff of An Apple A Daycare NY, Inc. to topically administer the above products as indicated on the packaging.</i></p> <p><i>An Apple A Daycare NY, Inc. will only apply products that have been provided by the parents.</i></p> <p><i>Products must be clearly labeled with the child's name, and have a visible expiration date.</i></p> <p><i>All unused portions of the products will be returned upon their expiration date.</i></p> <p><i>You will not have to resubmit this form every time you replenish the above named products.</i></p>	
Parent name (please print):	Date authorized:
Parent signature: X	

AN APPLE A DAYCARE NY, INC	GFDC#: 762468
RECIEVED: MICHELE A. KESSLER X	Date