

Topical Ointment Authorization

Authorization for for the application of non-prescription topical ointment or cream, including but not limited to sunscreen, insect repellent or diaper ointment. Each item must be labeled with child's name.

Name	Birthdate

I authorize Neighborhood Child Care Center & Preschool staff to apply the following non-prescription topical ointment to my child as listed below. I understand these products will only be applied according to the product's label.

Topical Ointment/ Cream	Body location for application	When to be applied	Start Date	End Date	Expiration Date	Parent/ Guardian Initial

I decline the use of sunscreen on my child. _____ (please initial)

I decline the use of bug spray on my child. _____ (please initial)

I am okay with using the sunscreen and bug spray NC3P provides. _____ (please initial)

I decline the use of NC3P's sunscreen and bug spray and want only my own used. _____ (please initial)

I understand that I, the parent, am responsible for applying sunscreen & bug spray in the mornings during spring & summer months. _____ (please initial)

I understand that if I provide bug spray it must state on the label that it repels ticks as well as other biting insects like mosquitos. _____ (please initial).

Has your child been stung by a bee, wasp or other stinging insect?

This authorization is valid for one year.

Parent/Guardian Signature

Date