



Optional Topical Ointment Permission Slip

I give my permission to the staff at GEM to apply the following products listed below to my child at the appropriate times given. I understand that I must supply the products. Any products not listed on this form will not be administered. I understand that GEM is not responsible for any possible allergic reactions. These products are optional and not required by the school.

Child's Name: _____ Date: _____

Sunscreen: _____

Insect Repellent: _____

Lotion: _____

Chapstick: _____

Parent Signature: _____



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