

Permission to Administer Over-The-Counter Topical Ointments

Please circle “yes” or “no” for the ointments that you are giving permission for Karen’s Castle and staff to apply on your child. A parent must supply the ointment in its original container/box and the directions must be legible.

You must write your child’s first and last name on the medicine.

Please do not cover up the directions.

Please do not leave any ointments or medicine in your child’s backpack.

Please hand them to one of our staff members.

YES	NO	INSECT REPELLANT
YES	NO	SUNSCREEN
YES	NO	FIRST AID CREAM/SPRAY
YES	NO	TRIPLE ANTIBIOTIC OINTMENT
YES	NO	ANTISEPTIC CREAM/SPRAY
YES	NO	BEE STING PADS
YES	NO	DIAPER CREAM
YES	NO	BURN CREAM
YES	NO	Lip Cream/ Chapstick
YES	NO	OTHER CREAM/OINTMENT (OCT ONLY)

I, _____ give permission to Karen’s Castle Inc. and staff to apply
(Print parent’s full name)
topical over-the-counter medications to my child, _____ according
to

_____ **(Print child’s full name)**
label directions. This permission is in effect while my child attends Karen’s Castle.

Parent’s Signature

Date