



Permission to Apply a Non-Medicated Topical Product

Complete and submit the following form if you would like your child to use a non-medicated topical product (such as lip balm or hand lotion) while at the Center. Staff will do their best to apply the product as requested. ****Before sending any product to school, it should be applied at least once at home to test for an allergic reaction.**

Child's Name: _____ Child's DOB: _____

I, the Parent/guardian of the above named child, give permission to the Staff of Village Early Childhood Center to apply the following non-medicated topical product to my child. I understand that it is my responsibility to provide the Center with the product as listed below, labeled with my child's name.

Type of product: Lip Balm Ointment
 Hand Lotion Other: _____

Name of Product: _____
(specific product name must be listed)

Apply the product to the following area: _____

Apply the product at the following times: _____

Apply the product until: _____ *(Must be within one calendar year)*
(End Date)

Parent/Guardian Name: _____

(Parent/Guardian Signature)

(Date)

This consent expires one year after the date it was signed unless otherwise noted.