



**Marco Polo
Children's School**

Topical Ointment Consent

This form is for over the counter diaper creams, sunscreen, lotions, chapstick, insect repellent, etc.

I, _____, give permission to Marco Polo Children's School to apply
_____ to my child, _____.

I have used this product previously without any adverse reaction to my child's skin.

Instructions From Parent Regarding Application/Notes:

This form is valid for one year

Parent Signature _____ Date _____

****PLEASE BRING OINTMENT IN ORIGINAL CONTAINER LABELED WITH YOUR
CHILD'S FIRST AND LAST NAME****

Annual Updates: Parent's Initials and Date: Initials _____ Date _____
Initials _____ Date _____

Please note: Any prescription creams, medicated creams or lotions and creams stating a certain age require a 'Medication Consent Form' to be filled out.