

## **TOPICAL OINTMENT PERMISSION FORM**

- This form should NOT be used for prescription topical ointments.
- Topical Ointments must be labeled with child's full name.
- Topical Ointment will be administered in accordance with the parent's written consent signed.
- This form should be updated annually or as the ointment changes.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

| Product Name | Part of the body to be applied | Frequency of application | Expiration date of the product | Start Date of application | End date of application |
|--------------|--------------------------------|--------------------------|--------------------------------|---------------------------|-------------------------|
|              |                                |                          |                                |                           |                         |
|              |                                |                          |                                |                           |                         |
|              |                                |                          |                                |                           |                         |
|              |                                |                          |                                |                           |                         |

I have received the topical ointment or product from the parent/guardian and reviewed the above policies with them:

|                |           |      |
|----------------|-----------|------|
| Caregiver Name | Signature | Date |
|----------------|-----------|------|

I authorize Tots Academy staff to apply the above non-prescription topical ointment(s) to my child.

|                              |           |      |
|------------------------------|-----------|------|
| Parent/Guardian Printed Name | Signature | Date |
|------------------------------|-----------|------|