

PARENT/GUARDIAN SIGNATURE

Stand Walk Talk Play Develop Topical Ointment Authorization

Authorization form for the application of non-prescription topical ointment or cream, including but

| not limited to sunscreen, insect repellent, diaper ointment, or teething gel (with a physician's note for children under 2). All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for <u>each</u> non-prescription topical ointment or cream. | | | | | | |
|--|----------------------------------|---------------------|----------------|-----------|------------------|-----------------------------|
| Child: | | Age: | | | Classroom: | |
| I authorize Royals Developmental Milestones Center staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization. | | | | | | |
| Tropical Ointment/Cream: | Where on the body to be applied: | When to be applied: | Start Date: | End Date: | Expiration Date: | Parent/Guardian Initial: |
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| This authorized place in the co | | or one year. L | Jpon expiratio | n, | | |

DATE