

Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. I will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___/___/___ To: ___/___/___ Permission may be given for up to 6 months

Circle- that Apply to: all exposed skin, diaper area , face only, other (specify)

Circle- When: Before going outside in the afternoon, after a bowel movement, after each diaper change, As needed, other (specify) _____

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date -----

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