



Hope Child Group, Inc.

Daycare program



Permission Form for Over the Counter Topical Ointments, Sunscreen and Insect Repellent

Date of Permission: _____
 Permission expiration: _____

I, _____, the parent of, _____ authorize Hope Child Group Inc. program to administer the following:

1. **Sunscreen Product:**

- a. Name of product: _____
- b. Reason to apply: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side effects or adverse reactions: _____
 Parent Stock

2. **Other:**

- a. Name of product: _____
- b. Reason to apply: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side effects or adverse reactions: _____
 Parent Stock

3. **Other:**

- a. Name of product: _____
- b. Reason to apply: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side effects or adverse reactions: _____
 Parent Stock

4. **Other:**

- a. Name of product: _____
- b. Reason to apply: _____
- c. Timing: _____
- d. Where to use: _____
- e. Amount to apply: _____
- f. Side effects or adverse reactions: _____
 Parent Stock

Parent's Signature: _____ Date: _____

My signature below indicates that I have received the listed over the counter topical ointment, sunscreen, and or insect repellent. I have reviewed and confirmed that the parent's instructions are consistent with the directions for use noted on the original container.

Name of Child Care Provider: _____ Date: _____

Note: please be sure to check if the item was supplied by the parent or from stock.