



## **Non Prescription Topical Substance Authorization**

**Child's Name:** \_\_\_\_\_

### **Sunscreen**

I hereby grant permission for A Brighter Future Learning Center LLC's staff to apply sunscreen to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Bug Spray**

I hereby grant permission for A Brighter Future Learning Center LLC's staff to apply bug spray to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Diaper Ointment/Baby Powder**

I hereby grant permission for A Brighter Future Learning Center LLC's staff to apply diaper ointment/baby powder to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Teething Ointment/Pills**

I hereby grant permission for A Brighter Future Learning Center LLC's staff to administer teething ointment/teething pills to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_