



Chittenango Child Care Center, Inc.

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www.chittenangochildcarecenter.com

Authorization for Use of Topical Over-the-Counter Products

I give permission to the providers of Chittenango Child Care Center to use the following topical ointments, creams and supplements that either I provide for my child or the center provides.

____ (Name of Child)

____ (DOB)

(Please check any that apply)

____ Sunscreen that I provide

____ Chapstick and Lip Balms

____ Hand Creams/Lotions

____ AfterBite

____ Anti-Itch Cream (contains 1% Hydrocortisone)

____ First Aid Antibiotic (Neosporin)

____ I understand that sunscreen is supplied by parents. In the event that my child runs out, teachers may apply the brand, "Kiss My Face" temporarily. I will bring in a new supply of sunscreen as soon as possible.

For all other medicines (over-the-counter or prescription medication), please see the office for required forms. Forms can also be found on our website at chittenangochildcarecenter.com.

Although not mandatory, we recommend getting your child's health care provider's approval for the above medications.

____ (Parent/Guardian Signature)

____ (Date)