

Authorization for the Application of Topical Products

Child's Name _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	insect repellent
<input type="checkbox"/>	<input type="checkbox"/>	diaper rash ointment
<input type="checkbox"/>	<input type="checkbox"/>	other _____ (name)

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date