

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 |

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

Parent's Signature

Date