

TOPICAL PREPARATIONS (PREVENTATIVE PERMISSION FORM)

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission

Child's Name:	Parent/Guardian's Name:
my child's name and that no topic reaction has been observed. It is	the topical preparation in the original container labeled with cal preparations will be applied to broken skin or if a skin my responsibility to check the ingredients to make sure my a reaction observed by staff will be reported promptly to the
Parent/Guardian Signature:	Date:
SUNSCREEN	
or apply sunscreen to my child's e	at to assist with applying exposed skin including the face, tops of ears, bare shoulders, before outdoor activities. It is my responsibility to provide
In the event that my child	does not have sunscreen with them, the school may apply
	(name of sunscreen & SPF) to my child.
☐ My child may NOT use any	sunscreen other than the one that s/he brings.
Parent/Guardian Signature:	Date:
MOIS	TURIZING LOTION/CREAM/BALM
I give my permission for the staff or apply skin lotion/cream to my	at to assist with applying child.
Name of product:	
Special instructions:	
$\ \square$ My child may NOT use any	other skin lotion/cream/balm than the one s/he brings.
Parent/Guardian Signature:	Date:
DIAPER OINTMENT/CREAM	
counter diaper rash ointment/cre	atto apply over the eam to my child. I understand that I may only provide diaper otic, antifungal, or anti-inflammatory components without a tor.
Name of product:	
	other skin lotion/cream/balm than the one s/he brings.
Parent/Guardian Signature:	Date: