

TOPICAL PREPARATIONS (PREVENTIVE) 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: _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at _____ to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

My child may NOT use any other diaper ointment/cream than the one he or she brings

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at _____ to assist with applying or apply skin lotion/cream to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

My child may NOT use any other skin lotion/cream/balm than the one he or she brings

Parent/Guardian Signature: _____ Date: _____
