

5321.I

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

() () sunscreen

() () insect repellent

() () diaper rash ointment

() () other _____
(name)

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

Parent's Signature

Date