

Topical Preparations (Preventive) Permission Form



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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*

Sunscreen

I give my permission for the staff at _____ to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen 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.

- In the event that my child does not have sunscreen with them, the school may apply _____ Name of Sunscreen & SPF _____ to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it
- My child may NOT use any sunscreen other than the one that he/she brings.

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Date:

Parent/Guardian Signatures:


Diaper Ointment/Cream

AM 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/guard.

- Name of product*
- Special instruction*

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

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Date:

Parent/Guardian Signatures: