

## Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use. Child's Name: Expiration Date: \_\_\_\_\_ Name of Ointment: Amount: From : \_\_\_ / \_\_ / \_\_ To: \_\_\_ / \_\_ Permission may be given for up to 12 months Apply to: all exposed skin diaper area face only □ other (specify) When: □ before going outside in the afternoon □ after a bowel movement other (specify) □ after each diaper change We cannot accept "as needed" ☐ after each diaper change if diaper area is red I give permission to my child care provider to apply the medication listed above as instructed. Parent/Guardian Signature Date Permission to Administer Topical Ointment/Lotion/Powder Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use. Expiration Date: Child's Name: Name of Ointment: Amount: From: / / To: / / Permission may be given for up to 12 months Apply to: all exposed skin diaper area face only □ other (specify) When: □ before going outside in the afternoon □ after a bowel movement after each diaper change other (specify) \_\_\_\_\_ We cannot accept "as needed" ☐ after each diaper change if diaper area is red I give permission to my child care provider to apply the medication listed above as instructed.

Date

Parent/Guardian Signature