



TOPICAL LOTION/NON-PRESCRIPTION MEDICATION PERMISSION FORM

I give **permission** or **refusal** to the Community Learning Center to use the following products on my child, _____, when appropriate. I understand that the products will only be used as instructed on the container, and must be in the original container that contains those instructions. I understand that I provide the non-prescription medication. I understand that the container shall be labeled with my child's name. I understand by completing this form I am giving my permission to apply this product for the duration of one year from the date on this form.

PLEASE CHECK YES OR NO IN EACH SPACE PROVIDED

Yes No Sunscreen _____ Name of product, frequency and amount

Yes No Insect Repellent _____ Name of product, frequency and amount

Yes No Diaper Ointment _____ Name of product, frequency and amount

Yes No First Aid cream/lotion/spray _____ Name of product, frequency and amount

Yes No Sunburn relief spray/lotion/gel _____ Name of product, frequency and amount

Yes No Teething reliever _____ Name of product, frequency and amount

Other _____ Name of product, frequency and amount

Other _____ Name of product, frequency and amount

Yes No *Hand Sanitizer _____ Name of product, frequency and amount

* This product will only be applied during times water is unavailable such as field trips or emergency situations.

Special instructions or notes _____

Date _____

Parent/Guardian #1 Signature

Date _____

Parent/Guardian #2 Signature