Topical Applications Administration-Permission

Child’s Name__________________________________________________________

I understand that topicals such as ointment, lotion, lip balm, or cornstarch/cornstarch powders can be used only as a preventive measure. Where required by licensing, application to open, oozing sores requires a Medication Authorization Form signed by me and my child’s physician.

*Aerosol sprays are not allowed.

I understand that the topical ointment provided by me must:
• be appropriate for use on a child;
• be applied according to instructions on the label
• be labeled with the child’s full name; and
• be handed to a staff member and not left in a cubby.

I give my permission for the staff at Park Center Preschool to allow my child to apply:
• ____________________________
• ____________________________
• ____________________________
• ____________________________

as needed from:_____ / _____ / _____ to:_____ / _____ / _____ (not to exceed one year).

_________________________________________         _____________________________
Parent/Guardian Signature            Date