Topical Medication Form

Name of Child:		Age:	Classroom:
I give permission for my child's day	care provi	der to apply or help my child apply:	
		Sunscreen	
		Moisturizer/Lip Balm	
		Over the counter Diaper Cream	
		Other	
Type of medication(s) provide	ed:		
Possible adverse reactions: _			
Special Instructions:			
Beginning Date:		_ End Date:	_Expiration
Signature of Parent/Guardian:	:		Date:
Authorized Center Signature:			Date:
**I understand that my child's teacher other reactions to these products.	-	iplty inform me of any skin reaction or Conical Medication Form	any
other reactions to these products. NOTE: Medication must be in	<u>]</u> the origin	Topical Medication Form nal container with the child's na	ame clearly written on it!
NOTE: Medication must be in Name of Child:	<u>]</u> the origin	Fopical Medication Form nal container with the child's na Age:	ame clearly written on it!
NOTE: Medication must be in Name of Child:	<u>]</u> the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply:	ame clearly written on it!
NOTE: Medication must be in Name of Child:	<u>]</u> the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply: Sunscreen	ame clearly written on it!
NOTE: Medication must be in Name of Child:	<u>]</u> the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply:	ame clearly written on it!
NOTE: Medication must be in Name of Child:	<u>]</u> the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply: Sunscreen Moisturizer/Lip Balm	ame clearly written on it!
NOTE: Medication must be in Name of Child: I give permission for my child's day	the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply: Sunscreen Moisturizer/Lip Balm Over the counter Diaper Cream	ame clearly written on it!
NOTE: Medication must be in Name of Child: I give permission for my child's day Type of medication(s) provide	the origin	Topical Medication Form nal container with the child's nate and apply: Age: der to apply or help my child apply: Sunscreen Moisturizer/Lip Balm Over the counter Diaper Cream Other	ame clearly written on it!
NOTE: Medication must be in Name of Child: I give permission for my child's day Type of medication(s) provide Possible adverse reactions:	the original care provided in the care provided in	Topical Medication Form mal container with the child's na Age: der to apply or help my child apply: Sunscreen Moisturizer/Lip Balm Over the counter Diaper Cream Other	ame clearly written on its
NOTE: Medication must be in Name of Child: I give permission for my child's day Type of medication(s) provide Possible adverse reactions: Special Instructions:	the origin	Topical Medication Form nal container with the child's na Age: der to apply or help my child apply: Sunscreen Moisturizer/Lip Balm Over the counter Diaper Cream Other	ame clearly written on it!
NOTE: Medication must be in Name of Child: I give permission for my child's day Type of medication(s) provide Possible adverse reactions: Special Instructions: Beginning Date:	the original care provided and a care provided	Topical Medication Form mal container with the child's nate and container are applied to apply: Sunscreen Moisturizer/Lip Balm Over the counter Diaper Cream Other	ame clearly written on its Classroom:Expiration

^{**}I understand that my child's teacher will promplty inform me of any skin reaction or any other reactions to these products.