

**Authorization for the Application of Topical Products**

Child's Name: \_\_\_\_\_

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

- | Yes                      | No                       |                       |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | sunscreen             |
| <input type="checkbox"/> | <input type="checkbox"/> | insect repellent      |
| <input type="checkbox"/> | <input type="checkbox"/> | diaper rash ointment  |
| <input type="checkbox"/> | <input type="checkbox"/> | other _____<br>(name) |

This one time authorization will remain in effect until a new authorization is signed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date