

Topical Creams Permissions

This form serves as written permission for Abilities First ECLC staff to apply topical creams/ ointments. Parent(s)/ Caregivers are responsible for completing form and providing products being used. This form should be filled out for the following: sunscreens, OTC/ NON prescription topical lotions and diaper ointments, and insect repellents.

Note:

- We do not allow the use of aerosol containers for any of these products.
- The product must be in the original container and, if provided by the parent, labeled with the child's name.
- Manufacturer's instructions for application must be followed.
- Parents must be informed immediately of any adverse reaction, the product must not be used beyond the expiration date of the product.

Child's Name _____

DOB: _____

Name of Product: (this must match the container EXACTLY)	
Reason to Apply:	
Timing (include how often):	
Expiration of Product:	

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent Signature _____ Date: _____