



Authorization to Apply Topical Preparations

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child.

I give permission to apply one or more of the following over the counter topical ointments preparations to my child in accordance with the directions on the label of the container.

- ☐ Insect Repellent
- ☐ Diaper Ointment (not prescription)
- ☐ Sunscreen /Sunblock
- ☐ Other _____

Parent/Guardian Signature _____	Date _____
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