**Parents,**

**We need your permission to administer the following topical products. If you bring in your own topical ointments, it must be labeled with your child’s name and also signed in at the office for our records. Thank you for helping us in staying complaint with the licensing code. Please initial the approved ointments, and sign at the bottom.**

The following paper will be placed in their file for future usage.

**Childs Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANTS – TWO’S**

A & D Diaper Ointment \_\_\_\_\_\_\_\_\_\_\_\_\_

Desitin Diaper Ointment \_\_\_\_\_\_\_\_\_\_\_\_\_

Orajel Naturals Teething Gel \_\_\_\_\_\_\_\_\_\_\_

**ALL AGES**

Vaseline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neosporin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOTION**

Aveeno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eucerin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gold Bond \_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMER TOPICAL OINTMENTS**

**ITCHY BUG BITES**

Band-Aid Anti – Itch Gel \_\_\_\_\_\_\_\_\_\_\_\_\_

“Benadryl Itch Spray” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KIDS SUNSCREEN SPF 50**

Up & Up/ Coppertone “Water Babies” Pure & Simple \_\_\_\_\_\_\_\_\_\_\_

**REPELLANTS**

Off Family Care or Cutter All Family \_\_\_\_\_\_\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_