

# Topical Form

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

## PERMIT FOR USE OF TOPICAL PRODUCTS

(INCLUDES DIAPER OINTMENT, SUNSCREEN, LOTIONS, INSECT REPELLANT)

<b>Topical Product</b>	<b>Parent's Initials</b>

I, (print name) \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
give Auburn Childcare permission to apply the above listed topical products.

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

\_\_\_\_\_  
Date

Infant Parents/Guardians, please fill out the following:

Circle: Formula or Breastmilk

If formula, what kind? \_\_\_\_\_