



Topical Ointment and Cream Authorization

I give Kids 'R' Kids #45TX permission to apply one or more of the following topical ointments and/or creams to _____ in accordance with the directions on the label of the container from ___/___/___ to ___/___/___.

Sunscreen

Product Name: _____ Expiration Date: _____

How often to apply? _____

What areas would you like this product applied to? _____

Non-Prescription Ointment (such as diaper cream)

Product Name: _____ Expiration Date: _____

Product Name: _____ Expiration Date: _____

How often to apply? _____

What areas would you like this product applied to? _____

Other (Please Specify)

Product Name: _____ Expiration Date: _____

Product Name: _____ Expiration Date: _____

How often to apply? _____

What areas would you like this product applied to? _____

Parent/Guardian Signature

Date

All topical ointments and creams must be current, in its original container and labeled with child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every **six months**.

Center Use Only:
Disposal of leftover Topical ointment/Cream:

- Returned to Child's Parent or Guardian
- Discard

Distribution:
•Child's File
•Infant Log/Classroom Log

Staff Signature

Date