



Authorization to apply topical product

Child's Name:	Child's DOB:
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Product (cream, lotion or powder) must be in the original container (no expired products allowed) and labeled with child's first & last name

Name of product & directions for use	Start date	End date
1)		
2)		
3)		

Authorization: I give Lake Country Childcares' staff permission to apply the provided topical ointment.

Parent/Legal Guardian: _____

Date: _____