

**AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS**

Any of these topical products must be supplied from home, in the original container, and labeled with name & age.

Child's Name \_\_\_\_\_

I give permission for St. James Early Childhood Development Center staff to apply the following topical products to my child whether center provided or parent provided:

YES	NO	Sunscreen
YES	NO	Insect Repellant
YES	NO	Diaper Rash Ointment
YES	NO	Other _____

This one time authorization will remain in effect until a new authorization is signed.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_