



# Topical Ointment Authorization

Authorization form for the application of *non-prescription* topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel (with a physician's note for children under 2). *All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream.*

CHILD	AGE	CLASSROOM

I authorize Play4Hours staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE	PARENT/GUARDIAN INITIAL

This authorization is valid for one year. Upon expiration, place in child's file.

PARENT/GUARDIAN SIGNATURE	DATE