



Topical Ointment Authorization Form

CHILD'S NAME: _____

DOB: _____

Instructions:

This form must be signed by the parent/guardian to authorize the use of:

- Hand Sanitizer
- Sunscreen
- Diaper ointment or cream
- Chapstick or lip balm
- Lotion

**must be over the counter and free from steroid, antibiotic or antifungal ingredients*

Over-the-Counter Skin Product Name: _____

Product expiration date: _____

When would you like the product to be applied? _____

Where would you like the product to be applied? _____

How much would you like applied? (check one)

pea size dime size quarter size other: _____

Known adverse reactions (if any)? _____

**The above information must not differ or exceed label instructions*

Prime Time Head Start has my permission to apply the over the counter skin product(s) above to my child, _____ (Child's Name) during his/her enrollment.

By signing below, I release the center and its employees from all liability and reactions.

Parent's/Guardian's Signature: _____ Date: _____

Family Advocate Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Assistant Signature: _____ Date: _____