

Non-Prescription Topical Application Permission

I give permission for the following non-prescription topical treatments to be applied to my child on an as-needed basis in accordance with the directions listed on the packaging. I understand that only products I have provided will be applied to my child.

Sunscreen (Please indicate brand): Equate

Diapering cream (Please indicate brand): _____

Other: Neosporin

Child's Name

Parent Signature

Date