

Parental Permission - Lotions and Ointments, Etc...

Child's Name: _____

Child's Date of Birth: _____

By initializing & dating this form, I give permission to the staff of **RainbowLand Child Development Center** to apply "over the counter" ointments & such as listed below. I understand that each time my child transitions to a new classroom I will be asked to review, update and sign the form.

Product	Infant Dazzling Doves		Infants Little Lambs		1's Peppy Penguins		2's Zippy Zebras		3's Cuddly Cubs		4's Busy Beavers	
	Parent Initials	Date	Parent Initials	Date	Parent Initials	Date	Parent Initials	Date	Parent Initials	Date	Parent Initials	Date
A & D												
Desitin												
Store Brand Diaper Ointment												
Lotion (ie: Dry Skin)												
Cortizone Cream												
Orajel												
Chapstick												
Vaseline												
Sunscreen												
Bug Spray												

If you would like a staff member to apply any other products other than what is listed above, please send in the product with a signed note. On the note please include your child's name, the product name, your signature and the date. Thank you.