

# Over-the-Counter TOPICAL Medications/lotions Permission Slip

I \_\_\_\_\_ Give my permission for the staff of Tiny Town Child Development Center to apply the following over-the-counter TOPICAL ointments, creams, lotions on my child \_\_\_\_\_ as per my request or as needed.

Brand name \_\_\_\_\_ Use \_\_\_\_\_

Brand name \_\_\_\_\_ Use \_\_\_\_\_

Brand name \_\_\_\_\_ Use \_\_\_\_\_

Brand name \_\_\_\_\_ Use \_\_\_\_\_

Brand name \_\_\_\_\_ Use \_\_\_\_\_

Sunscreen (provided by parent)

Brand name \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_