



# AUTHORIZATION FOR TOPICAL APPLICATION



| CHILD'S NAME | TODAY'S DATE | FORM EXPIRES<br><i>1 year from today</i> |
|--------------|--------------|--|
|              | / /          | / /                                      |

I hereby authorize the staff of First Circle Learning Center to apply the following topical application(s) to my child:

**PLEASE INITIAL ALL THAT APPLY:**

| INITIALS | TYPE OF PRODUCT                    | NAME OF PRODUCT          | PRODUCT |
|----------|------------------------------------|--------------------------|---------|
|          | NON-PRESCRIPTION<br>DIAPER PRODUCT | NAME OF DIAPER CREAM     | / /     |
|          | NON-PRESCRIPTION<br>SKIN CREAM     | NAME OF SKIN CREAM       | / /     |
|          | INSECT REPELLENT                   | NAME OF INSECT REPELLANT | / /     |
|          | LIP BALM                           | NAME OF LIP BALM         | / /     |
|          | SUNSCREEN                          | NAME OF SUNSCREEN        | / /     |
|          | OTHER                              | NAME OF PRODUCT          | / /     |

| PARENT SIGNATURE |
|------------------|
|                  |