Topical Ointment & Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. All lotions must be in liquid or cream form; no aerosol. Please place in a labeled zip lock bag.

| Child's Full Name | | Date of Birth |
|--|---|--|
| Classroom | Start Date | End Date |
| Sunscreen Product Name | | Expiration Date |
| Please apply the first applica | tion of sunscreen at home prior to coming | g to school. Reapplication would be as needed. |
| Non-Prescription Ointment Product Name (e.g. diaper cream) | | Expiration Date |
| Other (Specify) | | Expiration Date |
| Other (Specify) | | Expiration Date |
| Specific Terms of Use | | |
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Form Instructions

- Topical Ointment Form is only for Suite 100 and Suite 150.
- For Suites 200-550, sunscreen and diaper rash cream do not require this form to be completed. Please label these and give them to your child's teacher.
- If an ointment is prescribed by your child's doctor, please fill out the Medication Authorization form. This form is only for Over-the-Counter products.

| Parent/Guardian Signature | Date |
|---------------------------|------|
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