Kids R Kids
SCHOOLS & ACADEMIES

Distribution
- *Front Desk Forms*
- *Infant/Toddler Classroom Log*
- *Preschool/School-Age Classroom Log*

Topical Ointment and Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every six months.

Child's Full Name: _____ D.O.B. __/__/__

Classroom: _____

Dates: Start ____/____/____ End ____/____/____

_____ Sunscreen

Product Name: _____ Expiration Date: _____

_____ Insect Repellent

Product Name: _____ Expiration Date: _____

_____ Non-Prescription ointment (such as Diaper Cream)

Product Name: _____ Expiration Date: _____

_____ Other (Please specify)

Product Name: _____ Expiration Date: _____

Product Name: _____ Expiration Date: _____

Specific Terms of Use: _____

_____

_____

X_____ ____/____/____

Parent/Guardian Signature Date

Center Use Only:

Disposal of Leftover Topical Ointment/Cream:

□ Returned to Child's Parent/Guardian
□ Discarded

_____ ____/____/____

Authorized Person's Signature Date

Permissions: Check All That Apply

Child's Name: _____

1. **Transportation:**
   I hereby **( ) Give ( ) Do Not Give** my consent for my child to be transported and supervised by Kids R Kids #38 employees for:
   ( ) Emergencies Only ( ) To/From School ( ) Field Trips

2. **Water Activities:**
   I hereby **( ) Give ( ) Do Not Give** consent for my child to participate in the following water activities:
   ( ) Sprinkler Play ( ) Water Table ( ) Spray Park

3. **Field Trips:**
   I hereby **( ) Give ( ) Do Not Give** my consent for my child to participate in Field Trips.
   Comments:

_____
_____
_____

School Age Children:

His/her immunization record is on file at the school and all immunizations and TB test are current. Current Vision and Hearing screening records are also on file.

_____
(School child attends address and phone number)

Parent or Guardian Signature: _____ **Date:** _____