

## Authorization for the Application of Topical Products

Child's Name: \_\_\_\_\_

I give permission for River Road Day Care North's staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	Product
		Sunscreen
		Swimmer's Ear
		Insect Repellent
		Diaper Rash Ointment
		Hydrocortisone/Benadryl Cream
		Triple Antibiotic Cream/Neosporin
		Anti-Fungal Cream
		Other: _____

This one time authorization will remain in effect until a new authorization is signed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_