

Non-Prescription Topical Permission Form

I, _____, give the Children's Center Staff permission to apply the following non-prescription topicals to my child, _____ . (Please note that the Children's Center Staff will only apply topicals that have been checked off and supplied by a parent or guardian).

☐ Sunscreen

☐ Diaper Cream

☐ Lotion

☐ Chapstick/Lip Balm

☐ Other: (Please List) _____



Parent Signature: _____ Date: _____