Permission Form - Lotions and Ointments, Etc…

Child's Name: _____ ***DOB:*** _____

By initializing & dating this form, I give permission to the staff of ***RainbowLand Child Development Center*** to apply "over the counter" ointments & such as listed below. I understand that each time my child transitions to a new classroom I will be asked to review, update and sign the form.

	Infant Dazzling Doves		Infants Little Lambs		1's Peppy Penguins		2's Zippy Zebras		3's Cuddly Cubs		4's Busy Beavers	
Product	**Parent Initials**	**Date**	**Parent Initials**	**Date**	**Parent Initials**	**Date**	**Parent Initials**	**Date**	**Parent Initials**	**Date**	**Parent Initials**	**Date**
A & D												
Aquaphor												
Boudreaux's Butt Paste												
Other Brand Diaper Ointment												
Lotion (ie: Dry Skin)												
Cortizone Cream												
Orajel												
Chapstick												
Vaseline												
Sunscreen												
Bug Spray												