

Permission to administer over the counter topical medications.

Please check those items for which you give staff permission to apply to _____.

Please indicate if there is a particular brand that you use. Its is you responsibility to supply the products.

Yes No Sunscreen _____

Yes No Diaper Cream _____

Yes No Chapstick _____

Yes No Other _____

I give my permission for my child care provider to apply the above topical items to my child according to label directions. This permission will remain in effect throughout enrollment at FSA of the Tompkins Community College Child Care Center.

Signature: _____

Date: _____