

Authorization for the Application of Topical Products

Child's Name: _____

I _____ give permission for Grandma's Touch Child Care Center staff to apply the following topical products to my child whether provided by the center or the parent.

Yes No

 Sunscreen

 Insect Repellant

 Diaper Rash Ointment

 Other: _____

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

Parent's Signature: _____ Date: _____