

Permission to take Photos

My child may have their picture taken for the entertainment purposes only. The only people that will view my child's pictures are my caregivers and my family.

Signature of Parent _____

Date _____

Permission to use Topical Ointment

My child _____ may have topical over the counter ointment such as:

(Please check one or all that apply, and list other)

Neosporin [☐]

Triple Antibiotic Ointment [☐]

Bacitracin [☐]

Vaseline [☐]

Other [☐] _____

Applied directly to their skin by: _____

Signature of Parent _____

Date _____

Permission to Use Sunscreen

My child, _____ may have sunscreen applied to exposed skin areas if he/she is going outside on a warm sunny day.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

Signature of Parent _____

Date _____

Permission to Apply Diaper Cream

My child _____ may have diaper cream applied to skin areas.

I will provide diaper cream.

I will mark my child's name on his/her diaper cream container with a permanent marker.

Signature of Parent _____

Date _____