

**OVER THE COUNTER TOPICAL OINTMENTS**

Child Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

I, \_\_\_\_\_, give Learn n Play Daycare permission to apply the following that I have supplied:

- Diaper Rash \_\_\_\_\_ to be applied \_\_\_\_\_ times/day  
(name of ointment)
- Sunscreen \_\_\_\_\_ to be applied \_\_\_\_\_ times/day  
(name of sunscreen)
- Insect Repellent \_\_\_\_\_ to be applied \_\_\_\_\_ times/day  
(name of repellent)

Additional Notes:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_