

Riverside Educational Development Center

Authorization for the Application of Topical Products

Child/Children's Name: _____

I hereby give permission for Riverside Educational Development Center staff to apply the following topical products to my child whether center provided or parent provided:

Yes No

Sunscreen

Insect Repellant

Diaper Rash Ointment

Germ-X or similar antibacterial hand sanitizer

Solarcaine Spray (first aid treatment)

Other _____

This authorization shall remain in effect for the term that the child attends Riverside Educational Development Center.

If Your Child Runs Fever:

If your child runs fever of or higher than 100.5 degrees, Riverside Educational Development Center staff has your permission to give your child one dose of fever reliever that you brought in the event we are unable to contact you. This is to prevent higher temperatures and pain. Please be sure that the fever reducer/pain reliever indicated on your supply list is at the center.

_____ Yes, you have my permission in the event that you cannot contact me.

_____ No, you do not have my permission in the event that you cannot contact me.

Parent or Responsible Party Signature: _____

Parent or Responsible Party Printed Name: _____

Date: _____