



Topical Lotion and Ointment Permission Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Product Name (be specific): \_\_\_\_\_

Used for: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I give the staff at Parkside Children's Learning Center permission to apply the above ointment to my child according to the instructions provided. I understand that the product will not be applied unless this form is completed and signed by the parent. If you would like us to apply a different product, you must fill out the name of the product and provide PCLC's staff with a bottle of it, labeled with your child's name.

\_\_\_\_\_  
Signature of Parent or Guardian



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