



TOPICAL MEDICATION APPROVAL

We have combined permission for all of the different topical ointments, lotions, or sprays that your child may use during the next year. If you have personal preferences or allergies with any ointments, lotions, and sprays- they are to be provided by you either at the time they are needed or for the duration of the year.

If we are not provided with any of these items, then we will use what we have until we receive them from you. If we find that your child has any reactions to anything listed below, we will wash it off immediately and inform you of the reaction.

This form is updated annually in the spring and can be updated throughout the year upon request.

I hereby give Oakland Early Learning Center permission to use the following on my child, (Child's full name) _____, when appropriate.

- _Diaper Rash Cream
- _Sunscreen lotion/spray
- _Sunburn relief spray/lotion/gel
- _Hand Lotion
- _First Aid Cream/Lotion/Spray
- _Neosporin
- _Vaseline/Petroleum Jelly
- _Chapstick/Lip Balm
- _Insect Repellant
- _Other

I have read the above statement and agree to these terms of the OELC topical medication application procedure for my child.

Parent Name _____ Parent Signature _____

Date _____