

Fruit & Flower Child Development Center
TOPICAL CREAMS ADMINISTRATION PERMISSION FORM

CHILD'S NAME _____

PLEASE **SPECIFY** AND PROVIDE ANY OF THE FOLLOWING ITEMS YOUR CHILD WILL NEED.

1) May have _____ **lotion/cream** applied to face and hands.
Dosage: _____ Frequency: _____
Circumstances which it may be administered: _____

2) May have _____ applied to lips.
Dosage: _____ Frequency: _____
Circumstances which it may be administered: _____

3) May have _____ **diaper rash cream** applied to diaper area to prevent/heal diaper rash.
Dosage: _____ Frequency: _____
Circumstances which it may be administered: _____

4) May use _____ **hand soap**.
Dosage: _____ Frequency: _____
Circumstances which it may be administered: _____

5) May have: (Please check desired product and fill in personal product information if needed)
 Rocky Mountain Sunscreen SPF 30 (provided by Fruit & Flower)
 _____ (provided by parent)

Dosage: Full coverage of exposed skin. Frequency: At least 30 minutes before going outside. Reapplied every 2 hours, when outside for long periods of time. I.e. summer fieldtrips, etc.
Circumstances under which it may be administered: We will administer sunscreen in the spring, summer, and fall when needed.

Parent Signature: _____ Date: _____

We will dispose of any items once they have expired.