Anne Arundel County Department of Recreation and Parks
School Age Child Care Division

PERMISSION TO APPLY OVER-THE-COUNTER CREAMS AND OINTMENTS

This form is to be used for over-the-counter topicals only. (Any prescription creams, lotion, ointment, etc. still requires the MSDE OCC Medication Authorization Form 1216 completed and submitted). Children are expected to apply these topicals.This form is to be used for non-medicated sunscreen, lip balm, Vaseline, lotions, creams, ointments, etc that are to be applied to external areas only. Siblings may not share. **Any cream, lotion, ointment, etc. must be provided by the parent and labeled in permanent marker with the child's name. It must also have already been applied prior at home with no adverse effects to the child (i.e. rash, irritation, or other reaction).** Please list all topicals separately.

Child's Name _____

_____ From: _____ To: _____ (insert dates)

OR

_____ Entire 2011-2012 School Year

1. _____
Type of Topical and Brand Name Area of Body to be Applied

2. _____
Type of Topical and Brand Name Area of Body to be Applied

3. _____
Type of Topical and Brand Name Area of Body to be Applied

My child has previously used the above product(s) with no adverse reaction(s).

_____
PARENT OR GUARDIAN SIGNATURE DATE

FOR SUNSCREEN ONLY
Children will be expected to apply their own sunscreen. Please practice this at home. SACC/MSTG staff may assist with hard to reach areas with your signed permission only.

_____
PARENT OR GUARDIAN SIGNATURE DATE

Revised 7/2011