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 Administration Authorization Form 1216 completed and submitted). Children are expected to apply these topicals. The County assumes no liability and the parent(s), on behalf of themselves and their minor child, hereby holds the County harmless and waives any and all claims for personal injury to the minor child as the result of the application or failure to apply any cream/ointment for the minor child by any County employee or volunteer.

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 2018-2019 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. Child Care staff may assist with hard to reach areas with your signed permission only.

_________________________________   ____________________________
PARENT OR GUARDIAN SIGNATURE         DATE

Revised 7/2018