



Topical Ointment Application Permission Form

As the parent/guardian of (Child's Name) _____

I understand and acknowledge that topical applications, such as ointment, lotion, lip balm, diaper cream or cornstarch powders can be applied only as a preventive measure.

I understand that the topical ointment provided by me must be:

- ❖ appropriate for use on a child
- ❖ applied according to instructions on the label
- ❖ labeled with the child's full name and date of birth
- ❖ handed to a staff member and not left in a diaper bag or cubby
- ❖ replenished when empty or past expiration date
- ❖ removed from the Tree House Child Care Center at the end of the course of treatment

I give my permission for the staff at The Tree House Child Care Center to apply:

- Sunscreen Diaper cream/ointment
 Other: _____

as needed from: ____/____/____ to: ____/____/____ (not to exceed one year).

Aerosol sprays and baby powder are not allowed at The Tree House Child Care Center.

Where required by licensing, application to open, oozing sores or continued use medication on a persistent diaper rash requires a Medication Permission and Instruction Form signed by me and my child's physician.

Signature of parent/guardian

Date