



## 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