

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for the childcare provider at *Helping Hands Childcare* to apply topical products to my child whether daycare provided or parent provided.

Yes No

- Sunscreen
- Insect Repellant
- Diaper Rash Ointment
- Baby Powder
- Other _____

This Authorization will remain in effect until a new authorization is signed.

Parent Signature

Date