

## Permission to Apply Topical Lotions

I, \_\_\_\_\_ (parent/guardian's name) give permission to the staff of A Place to Grow to apply the following topical lotions to \_\_\_\_\_ (child's name). Sunscreen and bug spray are generally applied twice a day, in the morning and afternoon, or as needed. Diaper creams are applied as needed.

I have provided the following lotions and have clearly labeled them with my child's name.

- Sunscreen brand \_\_\_\_\_
- Bugspray brand \_\_\_\_\_
- Diaper rash cream brand \_\_\_\_\_

This permission is granted indefinitely, unless a new form has been received and signed by the parent/guardian.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

In the event that a lotion such as sunscreen, bug spray, or diaper rash cream has not been provided, I give permission to A Place to Grow staff to use an alternative if, using their best judgment, it is in the best interest of the child at the time.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_