



Topical Ointment and Cream Authorization

I give Kids 'R' Kids Learning Academy IL 1 permission to apply one or more of the following topical ointments and/or creams to my child listed below in accordance with the directions on the label of the container for the following dates.

Child's Name _____

Child's Date of Birth _____

_____ **Sunscreen** (*Physician Signature – NOT required*)

Product Name: _____

Dates authorized for use/application _____

_____ **Insect Repellent** (*Physician Signature – NOT required*)

Product Name: _____

Dates authorized for use/application _____

_____ **Non-Prescription ointment** (such as Diaper Cream)
(*Physician Signature & specific directions (on script pad) – REQUIRED*)

Product Name: _____

Dates authorized for use/application _____

Physician Signature _____

Physician Name _____

_____ **Other** (Please specify) (*May require physician signature*)

Product Name: _____

Dates authorized for use/application _____

Parent Signature _____ Date _____

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization.