## Parental Permission to Apply Over-the-Counter Topical Ointments

I,	give permission for my child care
(Parent)	
provider,	, to administer over-the-counter
(P	rovider)
topical ointments to my c	child,, on an as
	(Child)
needed basis. These topi	ical ointments may include, but are not limited to,
sunscreen, diaper cream	and insect repellant.
Signed by:	Date:
	(Parent)