

## TOPICAL OINTMENT AUTHORIZATION

Authorization form for the application of non-prescription topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel (with a physician's note for children under 2). All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream.

CHILD	AGE	CLASSROOM
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I authorize Busy Bees Education staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE	PARENT/GUARDIAN INITIAL

This authorization is valid for one year. Upon expiration, place in child's file.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE