

Authorization to Dispense External Preparations

Facility Information	
Childcare Program Name: _____	
Address: _____	
City/State/Zip: _____	
Telephone Number: _____	
Child's Information	
Parent/Guardian Name: _____	
Parent/Guardian Name: _____	
Child's Name: _____ Date: _____	
I hereby give _____ permission to apply one or more of (provider's name)	
the following products, in accordance with directions on the container (check all that apply):	
Notes:	<ul style="list-style-type: none"><input type="checkbox"/> Baby Powder<input type="checkbox"/> Band-Aids<input type="checkbox"/> Neosporin, Bacitracin or similar ointment<input type="checkbox"/> Bactine or similar first aid spray<input type="checkbox"/> Sunscreen<input type="checkbox"/> Insect Repellent<input type="checkbox"/> Non-prescription ointment (A&D, Desitin, Vaseline, etc.)<input type="checkbox"/> Other (please specify):<input type="checkbox"/> None (do not use)

Parent/Guardian
Signature

Date

Parent/Guardian
Signature

Date