

## Over-the-Counter Topical Product Parental Permission Form

I give permission for the JCC ECLC teachers to apply \_\_\_\_\_  
(*name of product*) sunscreen on my child. I understand that the product needs to be in its original container with a manufacturer's label that includes directions based on the age and/or weight of my child. *Please note that ODJFS prohibits the use of aerosol products in the childcare setting.* Any deviations will require further physician's instruction.

I give permission for the JCC ECLC teachers to apply \_\_\_\_\_  
(*name of product*) diaper cream on my child. I understand that the product needs to be in its original container with a manufacturer's label that includes directions based on the age and/or weight of my child. Any deviations will require further physician's instruction.

I give permission for the JCC ECLC teachers to apply \_\_\_\_\_  
(*name of product*) topical cream/ointment on my child. I understand that the product needs to be in its original container with a manufacturer's label that includes directions based on the age and/or weight of my child. Any deviations will require further physician's instruction.

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*Parent/Guardian Signature*

*Date*

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*Child's Name*

**Please return form to ECLC office**

