

## 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 DCY prohibits the use of aerosol products in the childcare setting.* Any deviations will require further physician's instruction. I understand that my child must receive at least one dose of medication at home prior to the program administering the medication.

**Application Instructions:** Apply liberally to exposed skin before going outdoors.

*Additional instructions (if any):* \_\_\_\_\_

☐ 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 understand that my child must receive at least one dose of medication at home prior to the program administering the medication.

**Application Instructions:** Apply liberally to diaper area when red, chafed, or irritated.

*Additional instructions (if any):* \_\_\_\_\_

☐ 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. I understand that my child must receive at least one dose of medication at home prior to the program administering the medication.

**Application Instructions:** Apply liberally to exposed skin.

*Additional instructions (if any):* \_\_\_\_\_

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Parent/Guardian Signature

Date

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Child's Name

Please return form to ECLC office

