

Non-prescription topical ointments & creams form

All topical ointments/creams must be labeled with the child's first and last name

I give Expressive Beginnings Child Care staff permission to apply the following non-prescription ointments/creams to my child, _____ . Parent Signature _____

Date Authorized: _____

<u>Product</u>	<u>Brand Name</u>	<u>Ointment Expiration Date</u>
___ Diaper Cream	_____	_____
___ Sunscreen	_____	_____
___ Chapstick	_____	_____
___ Vaseline	_____	_____
___ Lotion	_____	_____
___ Other _____	_____	_____

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