momentum early learning

Authorization to Administer Non-Prescription Topical Ointment

Child's Name:_____ **Date**:_____

Diaper Cream

Name of Ointment: _____

When to Apply:_____

Sunscreen

Name of Sunscreen:_____ SPF Strength:_____

When to Apply:_____

Other Ointments

Name of Ointment:_____

When to Apply:_____ Duration:_____

Parent Signature:_____ **Date**:_____

*Non-prescription ointments must be administered according to the manufacturer's instructions, unless specified by doctor note. This form is only valid for 3 months from the date of parent signature.

Updated Parent Signature/Date:

_____ _____

_____ _____

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