Parent Permission Form For
Non-Prescription Topical Ointments

Student's Name: _____

I give permission for my child to apply, or a teacher to help apply the following in the case of extremely dry, chapped, or cracked skin/ lips at school.

(check all that apply)

- Lotion - school provided
- Lotion - home provided: _____
- Lip Balm - school provided
- Lip Balm - home provided: _____
- I <u>DO NOT</u> give permission for my child to apply, or the teacher to apply any lotion or lip balm at school.

*If bringing lotion or lip balm from home it must be in the original container and labeled with the child's first and last name. Please list the name of the provided lotion or lip balm above.

Directed time of use: (indicate "as needed" or a specific time of day)_____

Approval Beginning Date: _____

Approval Ending Date: (indicate "ongoing" or a specific date) _____

Parent Signature: _____

Date Signed: _____