

TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission. Annual parent written permission is required.

Child's Name _____ Parent/Guardian's Name: _____

SUNSCREEN

I give my permission for the staff at Mt. Zion Lutheran Preschool to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. **I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date.** Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at Mt. Zion Lutheran Preschool to assist with applying or apply skin lotion/cream to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____
Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at Mt. Zion Lutheran Preschool to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____
Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

Reviewed: 2011

13123 E. 16th Avenue B 215, Aurora, Colorado 80045 • 303-281-2790

The School Health Program of Children's Hospital Colorado provides school and child care health consultation and services in a variety of settings in Colorado. This document has been reviewed and approved by designated staff of Children's Colorado. It is intended to supplement, not replace, medical information provided by the healthcare provider.