



Holy Trinity
**EPISCOPAL DAY
 SCHOOL**

TOPICAL OINTMENT AUTHORIZATION

This form authorizes the application of non-prescription topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment.

*Item to be applied must be provided by the parent.

All containers are to be labeled with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream.

I authorize EDS staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization.

Child's Name: _____ Age: _____ Classroom: _____

I authorize EDS staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization.

This authorization is valid for one year. Upon expiration, place in child's file.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____