

Robin's Nest



Topical Over the Counter Ointments: Parental Authorization

I, _____ (guardian) give permission to staff at the Phelps Child Care Center to administer the following over the counter topical ointments to my child, I do understand that I need to provide the medications in their original container.

Sunscreen _____

Instructions: _____

Diaper Cream _____

Instructions: _____

Other (specify) _____

Instructions: _____

Child's Name: _____

Guardian Signature: _____ Date: _____