

Topical Medication (non-prescription)

I authorize the Meeting House Child Care Center staff to administer the following to my

Child _____.
Child's name

Diaper rash or rash prevention:

1. _____

2. _____

Sunscreen:

1. _____

2. _____

First Aid cream for cuts, splinters, scrapes:

1. _____

2. _____

Neosporin: Check if okay _____

Other creams and ointments:

1. _____

2. _____

3. _____

Signature

Date