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	
Child's Name:	Parent/Guardian's Name:
	SUNSCREEN
sunscreen to my child's exposed skin feet 30 minutes before outdoor activity SPF of 15. I understand I must proving name and within the noted expiration	L.A.S.E.R. Before and After care to assist with applying or apply including the face, tops of ears and bare shoulders, arms, legs and ities. It is my responsibility to provide sunscreen with a minimum de the sunscreen in its original container labeled with my child's in date. Sunscreen will not be applied to any broken skin or if a skin in reaction observed by staff will be reported promptly to the
•	ot have sunscreen with them, the school may apply ne of sunscreen & SPF) to my child. It is my responsibility to check ure my child is not allergic to it.
	creen other than the one that he/she brings.
Parent/Guardian Signature:	Date:
MOIS	TURIZING LOTION/CREAM/BALM
lotion/cream to my child. I understand counter container labeled with my chiproduct to ensure my child is not alle	L.A.S.E.R. Before and After to assist with applying or apply skin and I must provide the lotion/cream/balm in the original over the mild's name. It is my responsibility to check the ingredients of this ergic to it. Skin lotion/cream/balm will not be applied to any broken eserved. Any skin reaction observed by staff will be reported promptly
☐ My child may NOT use any other	skin lotion/cream/balm than the one he/she brings
Parent/Guardian Signature	Date: