



Name of child: _____ **Date of Birth:** _____

I understand that topical applications, such as ointment, lotion, lip balm, diaper cream/ spray, or cornstarch/ cornstarch powders can be applied only as a preventative measure. Where required by licensing, application to open, oozing sores or continued use on a persistent diaper rash requires a Medication Authorization Form signed by me and my child's physician.

*Aerosol Sprays are not allowed

I understand that the topical ointment **MUST BE** provided by me and in its **ORIGINAL CONTAINER**. It also must be:

- *be appropriate for use on a child
- * be applied according to the instructions
- * be labeled with the child's full name; and
- *be handed to a staff member and not left in a diaper bag or cubby.

I give permission for CCUV to apply:

_____	_____
_____	_____
_____	_____

as needed from: _____ to _____ (not to exceed one year).

Parent/ Guardian Signature

Date