

**Topical Ointment Authorization**

Authorization from for the application of non-prescription topical ointments and/or creams including not limited to sunscreen, bug repellent, diaper ointment, or teething gel. All containers are to be marked with the Childs’s name in permanent marker. Authorization form must be completed for non-prescription topical ointment and or cream.

**Child’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_

**Classroom**: Caterpillars / Butterfly / Bumblebee /Ladybug /Dragonfly

I authorize Mission Viejo Montessori staff to apple the following non-prescription topical ointments and/or creams to the above mentioned child, as needed for the following reasons only. I understand that these products will only be applied according to the directions. Any deviation from the labeled directions will require a treating physician’s written authorization. For children under two years, please insure their age is represented on the label or a treating physician’s written authorization will be required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Topical Ointment / Cream  | Where on the Body to be applied | When to be applied | Start Date | Expiration Date | Parent Initial |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

This authorization is valid for 90 days,

Parent Signature ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date plan Updated\_\_\_\_\_ Parent /Guardian Initials: \_\_\_\_\_\_\_Teachers Initials

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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