



Topical Products Consent Form

I authorize the use of the following items as preventative care for my child by the staff at Early Learning Center: sunscreen, toothpaste, (children under 2 will receive a fluoride-free product), insect repellent (children under 2 will receive DEET-free product), hydrogen peroxide, Neosporin, Bag Balm, baking soda.

- I will indicate on this form any personal preference or known allergies to the “over the counter” items noted above.
- If you have a personal preference and do not want the staff to use the above noted products, it will be your responsibility to provide alternate products, at your own expense. You will also be required to label the product with your child’s name.

Child’s name: _____

Known allergies: _____

SPECIFIC PREFERENCES OR INSTRUCTIONS

Parent Signature: _____ Date: _____