



AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Child's Name _____ Date of Birth _____

I give The LemonTree Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes (Parent will provide)

_____ Band-Aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen (Parent will provide)

_____ Insect Repellent (Parent will provide)

_____ Non-prescription ointment (such as Triple Paste, Vaseline) (Parent must provide)

_____ Baby Powder (Parent will provide)

_____ Other (please specify) _____ (Parent will provide)

Signature of Parent(s) / Guardian

Date

Signature of Parent(s) / Guardian

Date