



# 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