

GREAT WORK MONTESSORI SCHOOL

Topical Preparations (Preventative) Permission Form

Child's Name: _____ Classroom: _____

Moisturizer/Lotion/Cream/Balm

I give permission for the staff at GWMS to assist with applying or apply a preventative topical moisturizer/lotion/cream/balm to my child. I must provide the moisturizer/lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Moisturizer/lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

I understand that my child may not use any moisturizer/lotion/cream/balm other than the one I list above and provide.

Print Parent/Guardian

Parent/Guardian Signature

Date

Diaper Cream/Ointment

I give permission for the staff at GWMS to apply over the counter diaper rash cream/ointment to my child. I understand that I may only provide diaper cream/ointment, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I must provide the diaper rash cream/ointment in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Diaper rash cream/ointment will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

I understand that my child may not use any moisturizer/lotion/cream/balm other than the one I list above and provide.

Print Parent/Guardian

Parent/Guardian Signature

Date