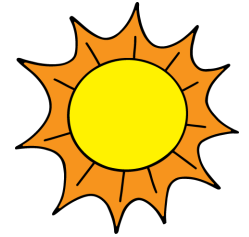
 2018-2019

# Trinity Lutheran Child Learning Center Permission To Apply Non-Prescription Sunscreen



***Please check all that are applicable:***

I do not know of any allergies my child has to sunscreen.

I have provided the following sunscreen for use on my child:

\_\_\_\_\_

Staff may use the sunscreen of their choice following the directions printed on the bottle.

My child is allergic to some sunscreens. Please use only the following brand(s) of sunscreen:

\_\_\_\_\_

For medical reasons, please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_

*Spray-on sunscreen may not be used per MO DHSS licensing regulations.*

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

 2018-2019

# Trinity Lutheran Child Learning Center Permission To Apply Non-Prescription Topical Diapering Cream



I give permission for the following non-prescription topical treatments to be applied to my child on an as-needed basis in accordance with the directions listed on the packaging. I understand that only products I have provided will be applied to my child.

Diapering Cream (Please indicate brand) \_\_\_\_\_

Other: \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_