



Authorization to Dispense External Preparations

Child Name: _____ Date: _____

I give The Learning Station, 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

____ Band-aids

____ Neosporin or similar ointment

____ Bactine or similar first aid spray

____ Sunscreen

____ Insect repellent

____ Baby powder

Other (please specify) _____

Parent/Guardian Signature (please print)

Date/Year