

Parental Permission

I give **Tiny Town Childcare Ministries** permission to apply one or more of the following topical ointments/ preparations to my child when needed in accordance with the directions on the label of the container or packaging.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin/or similar ointment

_____ Antiseptic or first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-prescription ointment (such as A&D, Desitin, Vaseline)

_____ Baby Powder

_____ Baby Lotion

Other (please Specify)

Child's Name: _____ Date of Birth: _____

Parent/Guardian signature

Date