



TOPICAL OINTMENT AUTHORIZATION

Childs full Name	Age	Classroom

This authorization form is for the application of non-prescription topical ointments and/or creams. (Including but not limited to sunscreen, bug repellent, diaper ointment, or teething gel.)

I authorize AmeriMont Academy staff to apply the following non-prescription topical ointments and/or creams to the above-mentioned child, as needed for the following reasons only.

Topical Ointment/Cream	When to be Applied	Where on the body to be applied	Start Date	Expiration date

I understand that these products will only be applied according to labeled directions. Any deviations from labeled directions will require a treating physician's written authorization. Please insure the child's age is represented on the label or a physician's written authorization will be required.

PARENT SIGNATURE

DATE

This authorization is valid for 90 days.
All containers are to be marked with the child's name in permanent marker