

Topical Application Permission

I, _____ give Best Friends permission to apply the following
(Parent/Guardian Name Printed)

to my child, _____ as needed while he/she is in
(Child's Full Name)

the program care.

Diaper Cream _____ sign/date _____

Aquaphor/Vaseline _____ sign/date _____

Lotion _____ sign/date _____

Handsanitizer _____ sign/date _____

Chapstick _____ sign/date _____

Bug Spray _____ sign/date _____

Sunscreen _____ sign/date _____

Parent/Guardian Signature

Date