



The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832 301-593-3410 x105

LOTION/OINTMENT PERMISSION FORM

I, _____, give my child care provider permission to apply the below initialed, non-prescriptions lotions/ointments on my child, _____.

I understand that I will provide the products I wish to be used on my child, and understand that my provider will apply the lotions/ointments per label or doctor directions.

Parents, please initial next to each acceptable statement.

___ My Child Care Provider may apply sun block to my child's skin as needed.

___ My Child Care Provider may apply lip ointment to my child's lips as needed.

___ My Child Care Provider may apply diaper ointment to my child's diaper area as needed.

___ My Child Care Provider may apply hand lotion to my child's skin as needed.

Additional comments: