



Authorization for Applying Lotion and Ointment

I _____ give De Colores Learning Center, permission
(Parent's name)

to apply sunscreen, bug repellent, diaper rash, antibacterial ointment and arnica gel on my

child _____ as needed.
(Child's name)

***Please note that any other over- the- counter or medicated lotion and/or ointment not listed above will need a separate 'Medication Authorization Form' located in our website under 'Forms'.**

Parent's Signature

Date