

Authorization to Administer Non-Prescription Creams, Ointments and Over the Counter Medications:

This is to authorize Little Rockets Staff to apply _____(please fill out with the name of the diaper cream, petroleum jelly, sunblock or over the counter medication): to _____(child's name). I understand teachers will follow the manufacturer's instructions when applying or administering this product to my child.

Parent's or Legal Guardian's Name

Parent's or Legal Guardian's Signature

Date