

SOUTHLAND PARK LEARNING CENTER
AUTHORIZATION for APPLICATION of TOPICAL PRODUCTS

Child's Name: _____

Parent's Name: _____ Phone # _____

I authorize Southland Park to apply the following topical products to my child whether center-provided or parent-provided.

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|-----------------------|
| () | () | Sunscreen |
| () | () | Insect Repellant |
| () | () | Diaper Rash Ointment |
| () | () | Other _____
(name) |

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature: _____ Date of Authorization: _____