

Topical Ointment Authorization

Authorization form for application of non-prescription topical ointments and/or creams, including but not limited to sunscreen, bug repellent. All containers are to be marked with the child's name in permanent marker. A separate Authorization Form must be completed for each non-prescription topical ointment and/or cream.

Student Name: _____ Date Of Birth: _____

School: _____ Grade: _____ Teacher: _____

I authorize The Capitol Region Education Council staff to apply the following non-prescription topical ointments and/or creams to the above-named student, as needed, for the following reasons only. I understand these products will only be applied according to labeled directions. Any deviations from labeled directions will require a physician's order. Please insure that the student's age is represented on the label. If not, a physician's order will be required.

Topical Ointment/Cream: _____

Reason for Application: _____

Where On The Body to Be Applied: _____

Time to Be Applied: _____

Start Date: _____ End Date: _____ Expiration Date: _____

Parent/Guardian Signature: _____ Date: _____

**** Please note: 1st application daily should be done at home.****