Topical Applications Administration – Permission

Child’s Name__________________________________________________________

I understand that topical applications, such as ointment, lotion, lip balm, diaper cream/spray*, or cornstarch/cornstarch powders can be applied only as a preventive measure. Where required by licensing, application to open, oozing sores or continued use on a persistent diaper rash requires a Medication Authorization Form signed by me and my child’s physician.

*Aerosol sprays are not allowed.

I understand that the topical ointment provided by me must:

- be appropriate for use on a child;
- be applied according to instructions on the label
- be labeled with the child’s full name; and
- be handed to a staff member and not left in a diaper bag or cubby.

I give my permission for the staff at Bright Horizons to apply:

• ________________
• ________________
• ________________

as needed from: _____/_____/_____ to: _____/_____/_____ (not to exceed 6 months).

_______________________________________________
(Signature of the Parent/Guardian)   (Date)

Changes

I acknowledge that my child ____________________________ no longer needs the following items applied while at Bright Horizons:

• ________________
• ________________
• ________________

_______________________________________________
(Signature of the Parent/Guardian)   (Date)