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 one year).

(Signature of the Parent/Guardian) (Date)