

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).

(Parent/Guardian Signature)

(Date)