## **TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM**

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission. Annual parent written permission is required.

Child's Name	Parent/Guardian's Name:
	SUNSCREEN
sunscreen to my child's expose feet 30 minutes before outdoor of 15. I understand I must pro- and within the noted expiration	aff at to assist with applying or apply ed skin including the face, tops of ears and bare shoulders, arms, legs and activities. It is my responsibility to provide sunscreen with a minimum SPF vide the sunscreen in its original container labeled with my child's name date. Sunscreen will not be applied to any broken skin or if a skin reaction eaction observed by staff will be reported promptly to the parent/guardian.
Name of Sunscreen & SPF	illd does not have sunscreen with them, the school may apply to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. any sunscreen other than the one that he/she brings.
Parent/Guardian Signature:	Date:
	MOISTURIZING LOTION/CREAM/BALM
lotion/cream to my child. I under container labeled with my child ensure my child is not allergic skin reaction has been observe parent/guardian.  Name of product:	aff at to assist with applying or apply skin erstand I must provide the lotion/cream/balm in the original over the counter I's name. It is my responsibility to check the ingredients of this product to to it. Skin lotion/cream/balm will not be applied to any broken skin or if a ed. Any skin reaction observed by staff will be reported promptly to the
Parent/Guardian Signature:	Date:
	DIAPER OINTMENT/CREAM
ointment/cream to my child. I u antibiotic, antifungal or anti-infl understand I must provide the child's name. Ointment/cream observed. Any skin reaction ob	aff at to apply over the counter diaper rash inderstand that I may only provide diaper ointment or cream, free of ammatory components without a written prescription from my doctor. I ointment/cream in the original over the counter container labeled with my will not be applied to any broken skin or if a skin reaction has been eserved by staff will be reported promptly to the parent/guardian.
Parent/Guardian Signature:	Date:
Reviewed: 2011 <b>13123 E. 1</b>	Page 1 of 1 6th Avenue B 215, Aurora, Colorado 80045 • 303-281-2790

The School Health Program of Children's Hospital Colorado provides school and child care health consultation and services in a variety of settings in Colorado. This document has been reviewed and approved by designated staff of Children's Colorado. It is intended to supplement, not replace, medical information provided by the healthcare provider