



540 N. 7<sup>th</sup> Ave.  
Pocatello, ID 83201  
208-232-2802

## Topical Ointment Permission Form

**Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby give/withhold my permission to Holy Spirit Child Care Staff to administer the following non-prescription items:

Item	Yes	No	Brands/Types
Sunscreen			
Insect Repellant			
Hydrogen Peroxide			
Anti-itch Cream			
Antibiotic Cream			
Vaseline			
Lotion			
Band-aids			

Is your child allergic to latex or any other skin irritants? Yes \_\_\_\_ No \_\_\_\_

If so, which ones? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date