



JCC of Mid-Westchester
999 Wilmot Road
Scarsdale, NY 10583

NURSERY SCHOOL

PERMISSION FORM FOR OVER THE COUNTER TOPICAL MEDICATION, SUNSCREEN
AND INSECT REPELLANT

DATE OF PERMISSION: _____

PERMISSION EXPIRATION: _____

I, _____, THE PARENT OF, _____

GIVE PERMISSION FOR _____ TO ADMINISTER THE FOLLOWING ITEMS AS LISTED:

1. OVER THE COUNTER TOPICAL OINTMENT:

- a. Name of ointment: bacitracin
- b. Reason to give ointment: help heal wound
- c. Timing: as needed
- d. Where to use the ointment: on affected area
- e. Amount to apply: as directed
- f. Side effects or adverse reactions: _____

2. OTHER:

- a. Name of product: sunscreen
- b. Reason to give ointment: out in sun
- c. Timing: as needed
- d. Where to use the ointment: on body
- e. Amount to apply: as directed
- f. Side effects or adverse reactions: _____

3. OTHER:

- a. Name of product: _____
- b. Reason to give ointment: _____
- c. Timing: _____
- d. Where to use the ointment: _____
- e. Amount to apply: _____
- f. Side effects or adverse reactions: _____

Parent Signature: _____ Date: _____

My signature below indicates that I have received the listed over the counter topical ointments, sunscreens and/or insect repellants. I have reviewed and confirmed that the parent's instructions are consistent with the directions for use noted on the original container.

Child Care Provider: _____ Date: _____