



**PARENT PERMISSION FOR LOTION, DIAPER CREAM OR OINTMENT APPLICATION
AND RECORD OF USE / REACTIONS**

I give permission for a Kiddie Country staff member to apply parent provided nonprescription lotion, diaper cream or ointment _____

to my child _____
Child's Name

I agree to furnish this product in the original container and I will label the container with my child's name.

Please list any known adverse reactions:

Please indicate frequency of application/use: As needed _____ Other _____

Expiration Date (if any) _____

Please note: All nonprescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Nonprescription drugs and over-the-counter skin products shall not be kept or used beyond the expiration date of the product.

PARENT SIGNATURE

DATE

Kiddie Country staff responsible for administering lotion, diaper cream or ointment: Review expiration date; record below -- date, time of application, and document any adverse reactions; notify parents of adverse reactions immediately.

Adverse Reactions: _____

Parent Notified: _____
Date Time Staff Initial

Date	Time	Adverse Reactions (if any)	Staff Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____