



## **Topical Applications Administration-Permission**

Child's Name	
I understand that <b>topical applications</b> , such as <b>ointment</b> , I <b>or cornstarch/cornstarch powders</b> can be applied <u>only</u> as licensing, application to open, oozing sores or continued use of Medication Authorization Form signed by me and my child's p	a preventive measure. Where required by on a persistent diaper rash requires a
*Aerosol sprays are not allowed.	
<ul> <li>I understand that the topical ointment provided by me must:</li> <li>be appropriate for use on a child;</li> <li>be applied according to instructions on the label</li> <li>be labeled with the child's full name; and</li> <li>be handed to a staff member and not left in a diaper b</li> <li>I give my permission for the staff at Bright Horizons to apply:</li> </ul>	oag or cubby.
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as needed from:/ to://	(not to exceed one year).
(Parent/Guardian Signature)	(Date)