

External Medication

Child's name \_\_\_\_\_ Class \_\_\_\_\_

I hereby grant permission for the Ark staff to apply sunscreen to be used while outdoors and any of the following external preparations in accordance with directions on the container. The approved products will be supplied by the parent/guardian and labeled with the child's name to be used only by that child.

\_\_\_\_ Baby wipes

\_\_\_\_ Baby powder

\_\_\_\_ Baby lotion and/or hand lotion

\_\_\_\_ Baby oil

\_\_\_\_ Hand sanitizer

\_\_\_\_ Non-prescription ointments (A&D, Desitin, Vaseline, Chapstick)

\_\_\_\_ Sunscreen

\_\_\_\_ Other (Please specify):

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Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_