

CONSENT OF APPLICATION

CHILD'S NAME _____

TODAY'S DATE ____/____/____

I hereby give the Staff at For Kids Only Preschool permission to apply external preparations, in accordance with directions for use on the container:

- Baby Wipes* (supplied by parents)
- Band-Aids
- Neosporin, Bacitracin, or similar ointment
- Bactine or similar first aid spray
- Sunscreen (supplied by parents)
- Insect Repellent (Keep in mind that some kids are allergic to DEET) (supplied by parents)
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline) (supplied by parents)
- Baby Powder (supplied by parents)
- Baby Lotion (supplied by parents)
- Other: (please specify) _____

Specify frequency and duration of use: _____

Special Instructions: _____

THIS CONSENT IS VALID FROM TODAY UNTIL ____/____/____

I UNDERSTAND THAT I MAY WITHDRAW THIS REQUEST AT ANY TIME.

I UNDERSTAND THAT FKO DOES NOT ADMINISTER PRESCRIPTIONS OR OVER THE COUNTER MEDICATIONS

I RELEASE FOR KIDS ONLY PRESCHOOL FROM ANY LIABILITY FOR APPLYING THESE PREPARATIONS.

MOTHER'S SIGNATURE

____/____/____
TODAY'S DATE

FATHER'S SIGNATURE

____/____/____
TODAY'S DATE