

## Topical Ointment Authorization

**Child's Name:**

**Date of Birth:**

I authorize KidzBlock Learning Center to apply over the counter topical applications, such as ointment, lotion, lip balm, diaper cream/spray, or cornstarch/cornstarch powders only as a preventive measure. I understand that these products will only be applied according to the product's label. As required by licensing, application to open sores or continued use on a persistent diaper rash requires a Medication Authorization Form signed by me and my child's physician.

I understand that the topical ointment provided by me must:

- be appropriate for use on a child
- not an Aerosol spray
- be applied according to instructions on the label
- be labeled with the child's full name
- be handed to a KidzBlock Learning Center staff not left in a diaper cubby

I give permission to KidzBlock Learning Center to apply the following creams & ointments:

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As needed from today's date

to not exceed one year

**Parent/Guardian Signature**

**Date**