

**PERMISSION TO APPLY SUNSCREEN, INSECT REPELLENT, DIAPER RASH PRODUCT,
LOTION, LIP BALM, OR OTHER TOPICAL PRODUCT**

Complete one form for each product

Sunscreen / Insect Repellent: Parents provide the product of your choice, clearly labeled with your child's name. Annsworth staff will apply the product to exposed skin, just prior to afternoon Playground time. It is recommended that parents apply each morning before school to protect the child during the morning Playground times.

Diaper Rash Product: Parents provide the product of your choice, clearly labeled with your child's name. Annsworth staff will apply ointment as needed during regular diaper changes.

Lotion, Ointment, Lip Balm: Parents provide the product of your choice, clearly labeled with your child's name. Annsworth staff will apply the product as needed throughout the day.

The empty container will be returned to you as notification that our supply is depleted. These products will be stored out of reach of the children and applied under the supervision of Annsworth staff. Please note that all PRESCRIPTION medications and products with limitations must be signed in each day and locked in the medicine box in the front office.

Child's name: _____ **Room:** _____

I give permission to Annsworth Academy staff to apply:

_____ Sunscreen; _____ Insect Repellent; _____ Diaper Rash Product; _____ Lotion; _____ Lip Balm; _____ Other

Name of Product: _____ Expiration Date: _____

Specific Instructions: _____

Start Date: _____ End Date: _____

Parent's Signature

Date

PLEASE RETURN SIGNED FORM AND PRODUCT TO THE FRONT DESK