



TOPICAL PREPARATIONS This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.

Child's Name: _____

Parent/Guardian's Name: _____

SUNSCREEN I give my permission for the staff at Little Peaks Preschool and Nursey to apply or assist my child in applying sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs, and tops of feet 30 minutes before outdoor activities. Little Peaks Preschool and Nursey require all parents/guardians to provide sunscreen with a minimum **of 15**. LPPN will regularly check expiration dates and recall information. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. I understand that it is my responsibility to notify Little Peaks Preschool and Nursery of any allergic reactions my child has had to sunscreen.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission to the staff at Little Peaks Preschool and Nurse to apply or assist my child in applying lotion/cream to my child's skin. I understand that I must provide the lotion/cream/balm in the original, over the counter container, labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to the ingredients. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

My child may **NOT** use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____

DIAPER OINTMENT/CREAM I give my permission for the staff at Little Peaks Preschool and Nursery to apply over the counter diaper rash ointment/cream to my child when necessary. I understand that I may only provide diaper ointment or cream, free of antibiotics, antifungal or anti-inflammatory components, without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____

My child may **NOT** use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____

BUG REPELLENT I give the staff at Little Peaks Preschool and Nursery to apply bug repellent to my child during the day and before outdoor play. I understand that bug repellent will not be applied to any broken skin or open wounds. I understand that for safety reasons, **aerosol sprays** are not allowed, but LPPN will accept pump action bottles or creams to be applied.

Name of product: _____

Special instructions: _____

My child may **NOT** use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____