

Authorization for the Application of Topical Products

Child's Name: _____ Room #: _____

I give permission for Parkview Baptist Preschool Staff to apply the following **non-medicated** topical products to my child.

Product:

Instructions for topical product:

This one time authorization will remain in effect until a change is made or a new school year begins.

Parent's Signature: _____ Date: _____

***Please make sure that product is labeled with child's name. ***

Please call with any questions. 225-293-9447