NON-PRESCRIPTION APPLICATION AUTHORIZATION FORM

I, _____, (parent/legal guardian) give permission for Hearts and Stars Childcare to use/apply non-prescription creams such as sunscreen, diaper cream or bug spray, on my child _____.

Please initial below, stating you understand that:

_____ I am responsible for providing these for my child.

_____ In the event that my child's supply has run out, I authorize the provider to use their own creams/spray on my child.

_____ _____

Parent Signature Date Signed