



## Allergies and Topical Ointment Authorization - 4

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_ My Child has no known allergies. If any develop, I will notify the program director immediately.

\_\_\_ My child has the following Known allergies. If others develop I will inform the director immediately.

Known Allergy	Child's Reaction	Treatment

If treatment for any of the above requires medication, the Medical Consent form will need to be completed.

The above information has been posted on the Known Allergy List, in the child's classroom and on the Food Storage cabinets. Employee initials: \_\_\_\_\_

**Sunscreen, Insect Repellent, Lip balms:** Parents are expected to apply sunscreen to their children in the morning before arriving at JNP. If you would like sunscreen, insect repellent or lip balm applied to your child in the afternoon, please fill out the section below and send in an original, labelled bottle of the above. These products will remain in the classroom for the school year.

I \_\_\_ do \_\_\_do not, Authorize JNP to apply the sunscreen or lip balm I provide to my child

I \_\_\_ do \_\_\_do not, authorize JNP to apply insect repellent that I provide to my child.

**Non-Prescription Topical Medication:** If you would like the teachers to apply a non-prescription topical medication like **diaper cream or other creams**, please fill out the section below and provide the labelled product in its original container.

I \_\_\_ do \_\_\_do not, authorize JNP to apply (product): \_\_\_\_\_ to my child.

**Hand Sanitizer:** I authorize JNP to use hand sanitizer as needed on my child \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date