

This form covers a variety of over-the counter preventive topical preparations that may be applied to the skin with parent/guardian permission. All products must be labeled and placed together in a labeled zip-lock bag.

Child's Name: _____ **Date:** _____

SUNSCREEN - I give my permission for the staff at Seton Montessori School to apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15.

Name of product: _____

Special instructions: _____

BUG LOTION/BUG SPRAY - I give my permission for the staff at Seton Montessori School to apply bug lotion/spray to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities during the months of June, July and August.

Name of product: _____

Special instructions: _____

HAND SOAP (Only check if your child requires a hand soap other than what the school uses) –
I give my permission for the staff at Seton Montessori School to apply hand soap to my child.

Name of product: _____

Special instructions: _____

MOISTURIZING LOTION/CREAM/BALM - I give my permission for the staff at Seton Montessori School to apply skin lotion/cream/balm to my child.

Name of product: _____

Special instructions: _____

DIAPER WIPES (Only check if your child requires diaper wipes other than what the school uses) –
I give my permission for the staff at Seton Montessori School to assist with toilet learning using wipes I provide for my child.

Name of product: _____

Special instructions: _____

DIAPER OINTMENT/CREAM - I give my permission for the staff at Seton Montessori School to apply over the counter diaper rash ointment/cream to my child.

Name of product: _____

Special instructions: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Cell Phone Number