

Topical Non-Prescription Medication Annual Parent Authorization

I give permission for *The Crayon Box Staff* to apply the following topical, non-prescription medications marked "YES" to my child as needed.

I understand The Crayon Box will not provide any of the items on the list and it is my responsibility to provide these items to The Crayon Box labeled with my child's name.

Child's Name: _____ D.O.B. _____

- | | | |
|--------------------|------------------------------|-----------------------------|
| Anti-fungal Cream* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Antibiotic Cream* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anti-Itch Cream* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Baby Powder* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Baby Wipes* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Body Lotion* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diaper Cream* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insect Repellent* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lip Balm* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petroleum Jelly* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sunscreen* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Teething Ointment* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Signature of Parent _____

Date _____

* Not provided by The Crayon Box