

Topical Non-Prescription Medication Annual Parent Authorization

Please initial each statement after reading.

_____ 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 in the original packaging and labeled with my child's name (first & last).

_____ I understand that I must provide one item per child if I have multiple children. Children may not share Topical Non-Prescription Medication.

_____ I understand The Crayon Box will administer sunscreen and insect repellent in the afternoons only and I will apply to my child before arriving in the morning.

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

Diapering Cream* ☐ Yes ☐ No

Insect Repellent* ☐ Yes ☐ No

Sunscreen* ☐ Yes ☐ No

Triple Antibiotic Ointment* ☐ Yes ☐ No



Signature of Parent _____

Date _____

** Not provided by The Crayon Box*