



Child's Name _____

PERMISSION TO APPLY SUNSCREEN and/or TOPICAL OINTMENTS

_____ I give permission to the staff of the Clara Barton Center for Children to apply Rocky Mountain Sunscreen SPF 30 and/or topical ointment, e.g., diaper rash ointment, Aquaphor, to my child.

_____ I am providing my own sunscreen and/or ointment for my child.

Signature of Parent

Date