

Take Flight Child Development Center

Non-Prescription Release

Child's Name: _____

I hereby give the staff at Take Flight Child Development Center permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container.

_____ Soap

_____ Aquaphor

_____ Sunscreen

_____ Triple Antibiotic Ointment

_____ Diaper Rash Ointment

_____ Insect Repellent

_____ Diaper Wipes

_____ Lotion/Hand Lotion

_____ Other _____

Parent Signature: _____ Date: _____