Topical Products Consent Form

FOR PARENTS TO COMPLETE:

Child's Name_____
Last Middle First

I hereby authorize the staff of the Montessori School of North Hoffman to apply or administer the following the following product(s) according to my written instructions. I understand that this is limited to diapering products, sunscreen or insect repellants. All products must be in the original containers and labeled with the child's name.

Product(s) _____

Time to be Used _____

_____ Until Further Notice OR Specific # of Days _____

Special Instructions _____

Possible Side Effects _____

_____ _____
Parent or Guardian Signature Date

FOR STAFF TO COMPLETE: (Also to be noted in Daily Parent Information)

Date	*Time*	*Product*	*Signature of Staff*