JOY KIDS
LEARNING CENTER
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# Topical Ointment Permission

I_____, give permission for Joy Kids Learning Center
(Parent/guardian name)

to apply _____, _____,_____,
(**Diaper ointment**) (**Sunscreen**) **(Insect repellent)**

_____, to my child _____ as
(**Other**) **( Child's name)**

needed.

I will send in the ointment/lotion with my child's name on it to be kept at the center.

_____

Parent/guardian signature Date