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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