Topical Products/Lotions Consent Form

Child's Name:_____ **Date of Birth**:_____

Parent/Guardian's Name:_____

I, the parent/guardian of the above-named child, give permission for the staff at Brilliant Beginnings to administer the topical product(s)/medication(s) checked below. I understand that I must provide the product, and that I will administer a 1st dose of the item prior to its use at Brilliant Beginnings. If I want a specific brand of said item, I will indicate such brand. The staff at Brilliant Beginnings will administer the product(s) as per labeled instructions unless a more frequent application is requested.

(Please check all you give permission to administer.)

____Sunscreen Specific Brand (if desired):_____
Application Instruction:_____

____Hand/Body Lotion Specific Brand (if desired):_____
Application Instruction:_____

____Diaper Rash Cream Specific Brand (if desired):_____
Application Instruction:_____

____Aloe Vera Gel Specific Brand (if desired):_____
Application Instruction:_____

____Other Product_____ Specific Brand (if desired):_____
Application Instruction:_____

_____ _____
Parent/Guardian Signature Date