



Authorization to administer non-prescription creams,
ointments and over the counter medications:

This is to authorize Bambini's Staff to apply (please fill out with the name of the diaper cream, petroleum jelly, sunblock or over the counter medication):

to (child's name) _____

I understand teachers will follow the manufacturer's instructions when applying or administering this product to my child.

Parent's or Legal Guardian's Name

Parent's or Legal Guardian's Signature

Date