Topical Non-Prescription Medications and Creams Permission

With regard to my family and my St. Mary School child, _____, I give permission for staff to:
(child's name)

****Please check appropriate boxes**

☐ **Use lotion and Vaseline as needed for educational or dry skin purposes (provided by the school).**

☐ **Use Lip balm (occasionally we use scented lip balm on a child's hand or arm as an incentive "Super Hero Scent").**

☐ **Use hand sanitizer on my child as needed.**

--Have staff use the following products with my child or in the classroom as needed
*****(to be provided by me, the parent/guardian with my child's name on it in original container)*:**

☐ **sunscreen**

☐ ***essential oils***

☐ **insect repellant**

☐ **diapering/rash cream**

☐ **triple antibiotic cream**

***Consent is voluntary and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.**

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

This release will be in effect for one year from the signature date