

# Non-Prescription Ointment Form

Date \_\_\_\_\_

Name of child \_\_\_\_\_

As the parent or guardian of the above child, I give my permission for staff at Little Dreamers to apply an ointment cream as specified below.

Additionally, I have indicated below my directives regarding the type and application of ointment cream:

## **PARENTS TO PROVIDE OINTMENT CREAM**

May use the ointment cream of parent's choice in keeping with applicable federal and state standards, except for the following (if specified):

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Only use the following type(s) of ointment cream:

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For medical or other reasons, please DO NOT apply ointment cream to my child's body.

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Additional Information or Comments:

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Parent's full name (Print) \_\_\_\_\_

Parent's signature \_\_\_\_\_