

Topical Medication Form

I give ICCC Staff permission to apply the items listed below to my child.

Child's Name

Parent signature

Date

- Diaper rash cream
_____ Name of Medication
- Insect Repellent
_____ Name of Medication
- Sunscreen
_____ Name of Medication
- Hand lotion
_____ Name of Medication
- Toothpaste
_____ Name of Toothpaste
- Chapstick
_____ Name of Chapstick

Insect Repellent must contain Deet

Sunscreen must be SPF 15 or higher

*** Toothpaste must follow these guidelines: mint flavored with Sodium Fluoride as an active ingredient and has the American Dental Association Seal of Approval***

**THE PARENTS MUST SUPPLY
THESE ITEMS FROM HOME.
WE DO NOT
SUPPLY THESE ITEMS.**