



Authorization for  
Non-Prescription External Preparations  
2017 - 2018

I give St. Luke Preschool Staff permission to apply the following ointments / preparations to my child in accordance with the directions on the container.

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

(Please write YES or NO on each blank)

- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Band-Aids
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ First Aid Spray/Wash
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent
- \_\_\_\_\_ AfterBite (Non-Stinging Soothing Cream)
- \_\_\_\_\_ Non-Prescription Ointment (Desitin, A&D, Vaseline, etc)
- \_\_\_\_\_ Other (please specify below)

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date