



Topical Ointment Authorization Form

This form must be completed by the parent/guardian to authorize the use of

- Sunscreen
- Diaper ointment or cream
- Insect repellent
- Chapstick or lip balm
- Lotion
- Topical teething ointment or gel

Scalliwags and their staff have my permission to apply the over-the-counter (Name of Provider) skin product listed below to my child,

Child's name: _____.

Over-the-Counter Skin Product Name:
When would you like the topical ointment applied?
Where would you like the topical ointment applied?
How much would you like applied? (check one) pea size dime size quarter size other: _____
Known adverse reactions (if any):

This authorization is effective for one year, starting: _____

*Permission may be given for up to 12 months.

Parent's Signature:

_____ Date: _____