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Plowshares Education Development Center, Inc.

NON-ANTISPETIC TOPICAL OINTMENT APPLICATION PERMISSION

I hereby authorize Plowshares to administer the following non-antiseptic topical ointment (e.g. sunscreen, Desitin, Calamine Lotion, etc.) for my child:

Name of Child

Topical Ointment: (specify brand and type) _____

When to be Given: _____

Direction for Usage: _____

Parent Signature: _____ Date: _____

NOTE: Should my child run out of sunscreen, I give permission for the staff to use Plowshares sunscreen, **Coppertone Water Babies SPF 45** on my child.

Please Initial _____

Special Indications: (e.g. **DO NOT USE ANY OTHER BRAND**, etc.) _____

