Application of Topical Products (Non-medication) Record

This form may be used for non-prescribed/non-medicated diaper ointments/creams, sunscreen, insect repellent, lip balm, lotion, or other non-medication topical product.

Attach Child Photo

Child Name:		DOB:		Child Known Allergies:		
Parent/Guardian Permission for the following topical product: I give my permission for the early care and education (ECE) program to apply the following topical product to my child: Name of (non-prescribed) topical product: Frequency of product to be applied:						
	Parent/C	Juardian Signature:				Date
Date	Time	Signature of ECE provider/staff applying product		Date	Time	Signature of ECE provider/staff applying product
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Iowa Poison Control Center: I-800-222-1222

For questions about administering medications contact your local Child Care Nurse Consultant (CCNC) or Healthy Child Care Iowa at https://hhs.iowa.gov/hcci/consultants