



# LITTLE BLOSSOMS MONTESSORI

14-08 ASTORIA PARK SOUTH, #1. ASTORIA, NEW YORK . 11102 (P) 212-203-9898

## Topical Ointment Authorization

Authorization form for the application of *non-prescription* topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel (with a physician's note for children under 2). All containers are to be marked with the child's name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream.

CHILD	AGE	CLASSROOM
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I authorize Little Blossoms Astoria staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years, please ensure their age is represented on the label or provide physician's written authorization.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	PARENT WILL PROVIDE? Y/N	PARENT/ GUARDIAN INITIAL

Additional Comments:

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PARENT/GUARDIAN SIGNATURE

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DATE