

Messiah Lutheran Child Care Center
1605 Vernon Avenue
Park Ridge, Illinois 60068

Topical Ointment Authorization

I authorize the teachers at Messiah Lutheran Child Care Center to apply topical ointment on my child _____

Brand and type of Topical Ointment (supplied by parent):

Area(s) of application:

Reason for application:

Dates that topical ointment needs to be applied:

Times that topical ointment needs to be applied:

As far as I know, my child is not allergic to the brand of ointment that I have provided.

Parent signature: _____

Date: _____

Teacher signature: _____

Date: _____