



## Topical Cream Application Permission

Child's name \_\_\_\_\_

I, \_\_\_\_\_ understand that topical ointments such as lotion, diaper cream, or sunscreen can only be applied as a preventative measure and are not provided by MMA. The Arizona Department of Health Services requires a Medication Authorization Form to be signed by me *and my child's physician* if application is needed on any open wounds or persistent diaper rash.

I understand that the topical ointment **provided by me** must:

- Be appropriate for use on a child
- Be applied according to instructions on the label
- Be labeled with the child's full name
- Be handed to a staff member and not left in a diaper bag or cubby

I give permission for the Team Members at Menachem Mendel Academy to apply the following topical creams: (Must list specific name of topical creams provided)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

As needed from: \_\_\_\_/ \_\_\_\_/ \_\_\_\_ to: \_\_\_\_/ \_\_\_\_/ \_\_\_\_ (not to exceed one year)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)