

# Central Early Learning Center

9739 Joor Road  
Baton Rouge, LA 70818  
(225) 261-1743  
(225) 261-1701 fax

5321.I

## Authorization for the Application of Topical Products

Child's Name: \_\_\_\_\_

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

**Yes**

**No**

( ) ( ) sunscreen

( ) ( ) insect repellent

( ) ( ) diaper rash ointment

( ) ( ) other \_\_\_\_\_  
(name)

This one time authorization will remain in effect until a new authorization is signed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date