

11315 Falls Rd. • Potomac, MD 20854
Phone: 301-983-4372 • Fax: 301-983-5038
Email: littleacornselc@comcast.net



TOPICAL AUTHORIZATION

I authorize Little Acorns to apply the following topical items to my child. The topical items are supplied by myself and are to be applied on my child only.

Child's Name and Classroom: _____

Sunscreen Name: _____

Daily _____ **OR** as needed _____ for _____

starting on _____ and ending on _____.

Insect Repellant Name: _____

Daily _____ **OR** as needed _____ for _____

starting on _____ and ending on _____.

Dry Skin Lotion: _____

Daily _____ **OR** as needed _____ for _____

starting on _____ and ending on _____.

Lip Balm/Chapstick: _____

Daily _____ **OR** as needed _____ for _____

starting on _____ and ending on _____.

Diaper Cream: _____

Daily _____ **OR** as needed _____ for _____

starting on _____ and ending on _____.

Parent/Guardian Signature _____ Date _____

Directors Signature _____ Date _____

*When a topical is no longer used as a prevention but is needed for treatment of rash or skin irritation, a medication administration form is required and must be signed by both parent/guardian **and** a licensed physician.