



Authorization for Sunscreen

I give Watch Me Grow CDC permission to apply _____
(name of sunscreen)

to _____ for **protection against sun.**
(name of child)

From: ____/____/____ To: ____/____/____ (not to exceed 1 year).

Please apply 30 minutes before going outside.

Special Instructions (if applicable): _____

Authorization for Non-Prescription Topical Ointment

I give Watch Me Grow CDC permission to apply _____
(name of ointment)

to _____ for the following purpose:
(name of child)

From: ____/____/____ To: ____/____/____ (not to exceed 1 year).

Special Instructions: _____

***All ointment should be provided in the original container, with a valid expiration date, labeled clearly with the child's name, and given directly to a teacher with this form.*

Parent/Guardian Signature

Date

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