

**FAMILY CHILD CARE PARENT
LOTION/OINTMENT PERMISSION FORM**

I, _____, give my FCC provider permission to apply the below initialed non-prescription lotions/ointments to my child, _____. I understand that I will provide the products I wish to be used on my child, and understand that my provider will apply the lotions/ointments per label or doctor directions.

Parents, please initial next to each acceptable statement.

___ My FCC Provider may apply sun block to my child's skin as needed.

___ My FCC Provider may apply lip ointment to my child's lips as needed.

___ My FCC Provider may apply diaper ointment to my child's diaper area as needed.

___ My FCC Provider may apply hand lotion to my child's skin as needed.

Additional comments: