



Allergies and Topical Ointment Authorization - 4

Child's Name: _____ Date of Birth: _____

Address: _____

___ My Child has no known allergies. If any develop, I will notify the program director immediately.

___ My child has the following Known allergies. If others develop I will inform the director immediately.

Known Allergy	Child's Reaction	Treatment

If treatment for any of the above requires medication, the Medical Consent form will need to be completed.

The above information has been posted on the Known Allergy List, in the child's classroom and on the Food Storage cabinets.

Employee initials: _____

Sunscreen, Insect Repellent, Lip balms: Parents are expected to apply sunscreen to their children in the morning before arriving to JNP. If you would like sunscreen, insect repellent or lip balm applied to your child in the afternoon, please fill out the section below and send in an original, labelled bottle of the above. These products will remain in the classroom for the school year.

I ___ do ___do not, Authorize JNP to apply the sunscreen I provide to my child

I ___ do ___do not, authorize JNP to apply insect repellent, lip balm that I provide to my child.

Non-Prescription Topical Medication: If you would like the teachers to apply a non-prescription topical medication, please fill out the section below and provide the labelled product in its original container.

I ___ do ___do not, authorize JNP to apply the following to my child:_____

Parent/Guardian Signature

Date