



## TOPICAL MEDICATION PERMISSION

CHILD'S NAME \_\_\_\_\_

I give permission to **Walnut Lake Preschool** to apply the following medications as needed:

\_\_\_\_\_ Wipes  
Any particular brand \_\_\_\_\_

\_\_\_\_\_ Sun Block  
Any particular brand \_\_\_\_\_

\_\_\_\_\_ Bug spray  
Any particular brand \_\_\_\_\_

\_\_\_\_\_ Neosporin

\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Effective date