

## Parent's/Guardian's Permission To Apply Lotion To Child

(Name of Child) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that multiple hand washing during cold weather months increase my child's risk of chapping or cracking of skin on hands. Therefore, I give my permission for personnel at:

(Child Care Business) \_\_\_\_\_ Holy Family Teddy Bear Club \_\_\_\_\_

to apply a hand lotion to my child's hands, as specified below, after he or she has washed their hands, especially during the months of October through March. I understand that the lotion may be applied to hands and lower arms. I have checked all applicable information regarding the type and use of hand lotion for my child:

- I do not know of any allergies my child has to hand lotion.
- Staff may use the hand lotion of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of hand lotion for use on my child:

\_\_\_\_\_

- My child is allergic to some hand lotions. Please use only the following brand(s) and type(s) of hand lotion:

\_\_\_\_\_

\_\_\_\_\_

- For medical or other reasons, please do not apply hand lotion to the following areas of my child's body:

\_\_\_\_\_

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

