

North Shore Early Childhood Center, Inc.
440 Round Hill Road
Roslyn Heights, NY 11577



REQUEST FOR TOPICAL LOTION

_____ Sunscreen

_____ Insect Repellent

_____ Diaper Rash Cream

_____ Triple Antibiotic Ointment/Cream
Cream/Spray

_____ First Aid Cream/Spray
_____ Bee Sting Pads

_____ Antiseptic

_____ Over the counter topical lotion (ie: benedryl stick)

I consent that the lotion checked above may be applied to my child

_____.

(Child's Full Name)

I have provided the above indicated lotion _____ to my child's teacher.

(Name of Lotion)

I have / have not (please circle) previously used this lotion on my child. My child does / does not (please circle) experience side effects from the use of this lotion.

If applicable list side effects: _____

Parent Signature: _____

Date: _____

